2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L05000030774

Entity Name: IMA CALUSA, LLC

Current Principal Place of Business:

1575 SAN IGNACIO AVENUE 400
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1575 SAN IGNACIO AVENUE 400
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-2619707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	FIELDSTONE, RONALD R	
Address:	201 ALHAMBRA CIRCLE, SUITE 601	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGR	( ) Delete
Name:	BAUMGARD, DANIEL	
Address:	1575 SAN IGNACIO AVENUE, STE. 400	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGR	( ) Delete
Name:	SHEPPARD, RALPH	
Address:	1575 SAN IGNACIO AVENUE, STE. 400	
City-St-Zip:	CORAL GABLES, FL 33146	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RALPH SHEPPARD MGR 01/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date