

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085866

Entity Name: F INFINITY LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

1110 BRICKELL AVENUE  
902  
MIAMI, FL 33131

**New Principal Place of Business:**

1000 BRICKELL AVENUE  
315  
MIAMI, FL 33131

**Current Mailing Address:**

1110 BRICKELL AVENUE  
902  
MIAMI, FL 33131

**New Mailing Address:**

1000 BRICKELL AVENUE  
315  
MIAMI, FL 33131

FEI Number: 20-3515328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SALAZAR, GERMAN A  
1110 BRICKELL AVENUE  
902  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

MF CORPORATE SERVICES INTERNATIONAL  
1000 BRICKELL AVENUE  
315  
MIAMI, FL 33131 US

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: OLGA SANTINI

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MUNOZ, FERNANDO  
Address: 1110 BRICKELL AVENUE SUITE 902  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MUNOZ, FERNANDO  
Address: 1000 BRICKELL AVENUE SUITE 315  
City-St-Zip: MIAMI, FL 33131

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: FERNANDO MUNOZ

MGRM

05/01/2008

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