2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088588

Entity Name: CONQUEST MANAGEMENT PROPERTY, LLC

1895 WEST FLAGER ST, SUITE 201-272

MIAMI, FL 33135 US

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Current Pr	incipal Place o	of Business:	New Princi	New Principal Place of Business:		
1835 WEST FLAGER ST SUITE 201-272			SUITE 8			
MIAMI, FL 33135 US				MARGATE, FL 33063 US		
Current Wi	ailing Address	:	New Mailin	New Mailing Address:		
	T FLAGER ST			6191 W. ATLANTIC BLVD.		
SUITE 201 MIAMI, FL			SUITE 8 MARGATE,	FL 33063	US	
FEI Number:	20-3750580	FEI Number Applied For ()	FEI Number Not Applic	able ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
	AL CONSULTIN IH TERRACE 33131 US	G, INC	1560 SAWG 4TH FLOOR	AR FINANCIAL SERVICES 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUNRISE, FL 33323 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.						
SIGNATUR	RE: ALEX ROD	RIGUEZ		04/30/2008		
	Electronic	Signature of Registered Agen	t		Date	
MANAGING N	MEMBERS/MANAG	ERS:	ADDITIONS/CH	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	JIMENEZ, ALBEF	GER ST, SUITE 201-272	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	RODRIGUEZ, CA	GER ST, SUITE 201-272	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	GALIZIA, GIOVAN	GER ST, SUITE 201-272	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	RIVAS, LUIS FRA	GER ST, SUITE 201-272	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	MGRM () [CARDELINO, OS	Delete CAR	Title: Name:) Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GIOVANBATISTA GALIZIA MGRM 04/30/2008