2009 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 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6191 W. ATLANTIC BLVD. SUITE 8 MARGATE, FL 33063 **New Mailing Address: Current Mailing Address:** 6191 W. ATLANTIC BLVD. SUITE 8 MARGATE, FL 33063 US FEI Number: 20-3750580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AR FINANCIAL SERVICES AR FINANCIAL SERVICES 1560 SAWGRASS CORPORATE PARKWAY 6191 W ATLANTIC BLVD 4TH FLOOR SUITE 8 SUNRISE, FL 33323 US MARGATE, FL 33063 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: ALEX RODRIGUEZ 04/26/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JIMENEZ, ALBERTO Name: Name: 1835 WEST FLAGER ST, SUITE 201-272 Address: Address: City-St-Zip: MIAMI, FL 33135 US City-St-Zip: Title: MGRM Title: () Delete () Change () Addition RODRIGUEZ, CARLOS Name: Name: Address: 1835 WEST FLAGER ST. SUITE 201-272 Address: City-St-Zip: MIAMI, FL 33135 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GALIZIA, GIOVANBATISTA Name: Name: 1835 WEST FLAGER ST, SUITE 201-272 Address: Address: City-St-Zip: MIAMI, FL 33135 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RIVAS, LUIS FRANCISCO Name: Name: 1835 WEST FLAGER ST, SUITE 201-272 Address: Address: City-St-Zip: MIAMI, FL 33135 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CARDELINO, OSCAR Name: Name:

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 04/26/2009