2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Pee Required	1. Entity Name UR-COUS	MENT # L0500009 SIN FARAH R.E. ACQUIS				05-29-2008 9	90014 013 ***138	3.75
Suite, Apt. #, etc. City & State City & State City & State City & State A. FEI Number NOT APPLICABLE Not Applied For NOT APPLICABLE St. Other Not Applied For NOT APPLICABLE St. Other Not Applied For	132 SW 9TH ST.		132 SW 9TH ST.		1 (18)(18)	1 48181 CIII SPIK 48111 487		1881 (1) 2281
City & State Cay	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
NOT APPLICABLE Not Applicable St. 00 Additional Pee Required Steel Address of New Registered Agent Name and Address of New Registered Agent Name Nam	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012008	Chg-LLC	CR2E083 (12/06)	٠
For Andrew and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) NMB, FL 33162 8. The above named goalty strymits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable or the obligations profess profession agent. SIGNATURE STREET ADDRESS FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 ITHE MARE STREET ADDRESS TITLE MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MARE STREET ADDRESS TITLE MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-SI-2P TITLE MARE STREET ADDRESS CITY-SI-2P MIAMI, FL 33130 Delete TITLE MARE STREET ADDRESS CITY-SI-2P MIAMI, FL 33130 Delete TITLE MARE STREET ADDRESS CITY-SI-2P MIAMI MARE STREET ADDRESS CITY-SI-2P TITLE MARE STREET ADDRESS CITY-SI-2P TITLE MARE STREET ADDRESS CITY-SI-2P Change Add Add MARE STREET ADDRESS CITY-SI-2P TITLE Delete TITLE MARE STREET ADDRESS CITY-SI-2P Change Add Add MARE STREET ADDRESS CITY-SI-2P TITLE MARE STREET ADDRESS CITY-SI-2P Change Add Add Change Add Change Add Add Change Add	City & State		City & State		I			oplied For ot Applicable
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NMB, FL 33162 137_SW_95T. S. The above named open scrymis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent are strell approache. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE MARK check payable to Florida Department of State MANAGING MEMBERS/MANAGERS TILE MARK DEPARTMENT OF THE STATE OF THE ST					Emile	<u>, 0.∓</u>	aroh.	
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### Priority Department of State 9.	SIGNATURE	Signature pred or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signature	e required when reinstating)	4	1001	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR FARAH, EMILE 132 SW 9TH ST. MIAMI, FL 33130 MGRM BARDWELL, ZENA M 132 SW 9TH ST.	BERS/MANAGERS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ADDITIONS	☐ Change ☐ Change ☐ Change	Addition Addition

indicated on this report is true and accurate and that my 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:

ATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #