


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90117 008 \*\*\*138.75

<b>DOCUMENT # L05000099524</b>	
1. Entity Name <b>CMA FLORIDA HOLDINGS, LLC</b>	

Principal Place of Business <b>10 N.W. 42ND LEJEUNE, SUITE 700 MIAMI, FL 33126</b>	Mailing Address <b>10 N.W. 42ND LEJEUNE, SUITE 700 MIAMI, FL 33126</b>
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**60023719**



2. Principal Place of Business - No P.O. Box # <b>3530 SW 22ND ST.</b>	3. Mailing Address <b>3530 SW 22ND ST.</b>
Suite, Apt. #, etc. <b>SUITE 916</b>	Suite, Apt. #, etc. <b>SUITE 916</b>

03242008 Chg-LLC CR2E083 (12/06)

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33145</b>	Country <b>USA</b>

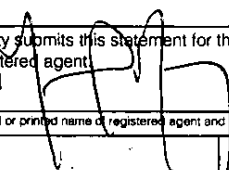
4. FEI Number <b>51-0555936</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MOURIZ, MIGUEL A 10 N.W. 42ND LEJEUNE, SUITE 700 MIAMI, FL 33126</b>	
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7. Name and Address of New Registered Agent Name <b>MOURIZ, MIGUEL A</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3530 SW 22ND ST. SUITE 916</b>	
City <b>MIAMI</b>	Zip Code <b>FL 33145</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **04-09-08**

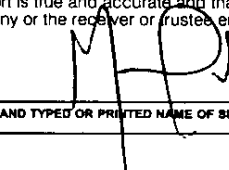
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, CHRISTOPHER 10 N.W. 42ND LEJEUNE, SUITE 700 MIAMI, FL 33126</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, MICHAEL 10 N.W. 42ND LEJEUNE, SUITE 700 MIAMI, FL 33126</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, CHRISTOPHER 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, MICHAEL 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

<b>SIGNATURE:</b> 	Date <b>04-09-08</b>	Daytime Phone # <b>(305) 867-1577</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		