2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 11, 2008 8:00 am Secretary of State DOCUMENT # L05000109242 02-11-2008 90136 036 ***138.75 1. Entity Name MENDEL, L.L.C. Principal Place of Business Mailing Address 60007239 1350 COLLINS AVENUE 1350 COLLINS AVENUE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3811186 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUREAU, OLIVIER DO NOT WRITE 100 N BISCAYNE BLVD SUITE 500 MIAMI, FL 33132 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fce will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR DRIGUES, MELVIN NAME 1350 COLLINS AVENUE STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAJAF 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED