2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000109992

Entity Name: RED CUBE GROUP LLC

Current Principal Place of Business:

2562 SW 156 AVENUE
MIRAMAR, FL 33027 US

New Principal Place of Business:

2929 BISCAYNE BLVD
MIAMI, FL 33137 US

Current Mailing Address:

PO BOX 693562
MIAMI, FL 33269 US

New Mailing Address:

2929 BISCAYNE BLVD
MIAMI, FL 33137 US

FEI Number: 20-3787984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, GERMAN A
2562 SW 156 AVENUE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

RODRIGUEZ, GERMAN A
2929 BISCAYNE BLVD
MIAMI, FL 33137 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: 01/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RODRIGUEZ, GERMAN A
Address: PO BOX 693562
City-St-Zip: MIAMI, FL 33269

Title: MGRM ( ) Delete
Name: GOMEZ, MAURICIO
Address: PO BOX 693562
City-St-Zip: MIAMI, FL 33269

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RODRIGUEZ, GERMAN A
Address: 2929 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM (X) Change ( ) Addition
Name: GOMEZ, MAURICIO
Address: 2929 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

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.

SIGNATURE: MAURICIO GOMEZ MGR 01/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date