2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED May 30, 2008 8:00 am Secretary of State

	ANNUAL KEPUKI		Scoretary or state
DOCU 1. Entity Nam MISOL LI			05-30-2008 90017 019 ***143.75
Principal Place of Business 201 S. BISCAYNE BLVD., 28TH FLOOR MAMIL FL 33131 AUGUSTURA FL. 33131 BLVD. 47TH. FLOOR - SUITE AUGUSTURA FL. 33.180			50006382 7
C	OO NOT WRITE IN THIS SPA	CE	05072008No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
•	6. Name and Address of Current Registered Agent		
ABADI, RICHI 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131 CHANGE ADRESS AS ABOVE			DO NOT WRITE 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 Signature, updator printed name of registered agent and title of applicable. INOTE: Registered Agent signature required when reinstang) DATE			
FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM MISHAAN, STEVEN 201 S. BISCAYNE BLVD., 28TH FLOOR MIAMI, FL 33131 MGRM ABADI, RICHI 201 S. BISCAYNE BLVD., 28TH FLOOR AS ABOUTE ADRESE ABOUTE		1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		
11. I hereby certify that the information supplied with this liling goes 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.			

Date