

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007980

Entity Name: C-IAN GROUP, L.L.C.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

17971 BISCAYNE BLVD.
STE. 221
AVENTURA, FL 33160

New Principal Place of Business:

2627 NE 203 ST
STE. 110
AVENTURA, FL 33180

Current Mailing Address:

17971 BISCAYNE BLVD.
STE. 221
AVENTURA, FL 33160

New Mailing Address:

2627 NE 203 ST
STE. 110
AVENTURA, FL 33180

FEI Number: 20-4165329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ.
TURNBERRY PLAZA
STE. 801, 2875 NE 191ST STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAIDON, CARLOS
Address: 17971 BISCAYNE BLVD., STE. 221
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: NEIMAN, FABIAN
Address: 17971 BISCAYNE BLVD., STE. 221
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAIDON, CARLOS
Address: 2627 NE 203 ST
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change () Addition
Name: NEIMAN, FABIAN
Address: 2627 NE 203 ST
City-St-Zip: AVENTURA, FL 33180

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: FABIAN NEIMAN

MGR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date