2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L06000008686

Entity Name: ORIGINS, LLC

Current Principal Place of Business:

2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134

New Principal Place of Business:

1600 NW 163 STREET
MIAMI, FL 33169 US

Current Mailing Address:

2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134

New Mailing Address:

1600 NW 163 STREET
MIAMI, FL 33169 US

FEI Number: 20-4191194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHERMER, STEVEN J
2800 PONCE DE LEON BLVD., SUITE 1125
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HERMAN, ALISON P GC
1600 NW 163 STREET
MIAMI, FL 33169 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: ALISON P. HERMAN 04/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: M ( ) Delete
Name: CHAPLIN, HARVEY R
Address: 1600 NW 163 STREET
City-St-Zip: MIAMI, FL 33169 US

Title: M ( ) Delete
Name: KISER, EARL
Address: 19709 LITTLE LANE
City-St-Zip: ALVA, FL 33920 US

ADDITIONS/CHANGES:

Title: M (X) Change ( ) Addition
Name: CHAPLIN, WAYNE E
Address: 1600 NW 163 STREET
City-St-Zip: MIAMI, FL 33169 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WAYNE E. CHAPLIN M 04/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date