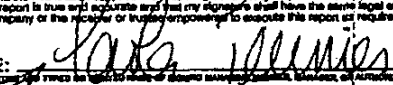


FILED
May 23, 2008 8:00 am
Secretary of State

04-24-2008 90017 032 ***138.75

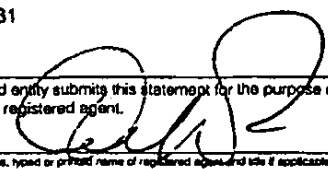
**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000009196																							
1. Entity Name CYRANCELL LLC																							
Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131		Mailing Address 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131																					
2. Principal Place of Business - No P.O. Box 8600 NW 13th Ave Subs, Apt. #, etc.		3. Mailing Address 8890 W. OAKLAND PK BLVD Subs, Apt. #, etc. 201																					
City & State DORAL FL		City & State SUNKISW FL																					
Zip 33126		Zip 33351																					
Country DAOM		Country BROWARD																					
4. FEI Number 20-4194483		Applied For Not Applicable																					
5. Certificate of Status Debited ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent SLC CORPORATE SERVICES, INC. 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131																					
7. Name and Address of New Registered Agent Name: ECHION USA, Inc. Street Address (P.O. Box Number is Not Applicable): 8890 W. OAKLAND PK BLVD City: SUNKISW FL Zip Code: 33351																							
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  DANIQUE PORTER AGUILAR (Signature, typed or printed name of registered agent and date of signature) (Typed Registered Agent signature required when submitting) (Date)																							
FILE NUMBER FEB 15 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to - Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																					
<table border="1"><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Delete</td></tr><tr><td></td><td>TURNER, PATRICE</td><td>10710 NW 68TH STREET, #102</td><td>DORAL, FL 33176</td><td></td></tr></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		TURNER, PATRICE	10710 NW 68TH STREET, #102	DORAL, FL 33176		<table border="1"><tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 188, 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 member or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.																							
SIGNATURE:  5/20/08 (Signature, typed or printed name of registered agent and date of signature) (Typed Registered Agent signature required when submitting) (Date) (Date of filing)																							

SIGN

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/24/2008-90017-032-\$138.75-\$138.75

DOCUMENT # L06000009196 1. Entity Name CYRANCEL LLC					
Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131			Mailing Address 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 8600 NW 13th Ave		3. Mailing Address 8890 W. OAKLAND BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 201		03312008 Chg-LLC CRZE083 (12/06)	
City & State DORAL FL		City & State SUNRISE FL		4. FEI Number 20-4194483	
Zip 33124		Country DAOM		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip 33351		Country BROWARD			
6. Name and Address of Current Registered Agent SLC CORPORATE SERVICES, INC. 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name ECHEION USA INC Street Address (P.O. Box Number is Not Acceptable) 8890 W. OAKLAND PL BLVD SUITE 201 City SUNRISE FL Zip Code 33351	
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  DANIEL HOROWITZ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNIER, PATRICE 10710 NW 66TH STREET, #102 DORAL, FL 33178	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____				Daytime Phone # _____	

ATTACHMENT
30007348

SIGN