2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90270 014 ***138.75

00018413

DOCUMENT # L06000010284

1. Entity Name
COLUMBUS CIRCLE, LLC

Principal Place of Business	Mailing Address
C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL	C/O EVERGREEN OVERSEAS HOLDINGS, INC. 407 LINCOLN ROAD, SUITE 4-C MIAMI BEACH, FL
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: 960 NE 74th St	Suite, Apt. #, etc.: 960 NE 74th St
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33138 Country:	Zip: 33138 Country:

03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4268138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAMECHE, DOMINIQUE
960 NE 74TH ST
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 03/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	UZAN, VICTOR		NAME	
STREET ADDRESS	7301 BELLE MEADE ISLAND DR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LERANAS, GERALDINE		NAME	
STREET ADDRESS	7301 BELLE MEADE ISLAND DR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] 03/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #