2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L06000019265** 04-24-2008 90021 049 ***138.75 CHANDELIER LLC Principal Place of Business Mailing Address 701 BRICKELL AVENUE, SUITE 3000 CALLE AQUILINO DE LA GUARDIA, NO. 8 60028226 IGRA BUILDING, 2ND FLOOR MIAMI, FL 33131 PANAMA, REPUBLIC OF PANAMA, OC. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$38.75 Make check payable to Florida Department of State After May 1, 2008 Fee will be \$538.75 9. NIANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Addition TITLE TITLE □ Delete ☐ Change NAME RUIZ, EZEQUIEL NAME CALLE AQUILINO DE LA GUARDIA, NO. 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PANAMA, REPUBLIC OF PANAMA, CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. It 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.

Ezequiel Ruiz

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OF

FILED

April 22, 2008

Daytime Phone #