## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000020712

Entity Name: 3200 GROUP, LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

LEIBRI, LLC,

( ) Delete

8004 NW 154TH STREET SUITE 403

MIAMI LAKES, FL 33016

FILED Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8004 NW 154TH STREET 8004 NW 154TH STREET SUITE 403 SUITE 169 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 **Current Mailing Address: New Mailing Address:** 8004 NW 154TH STREET 8004 NW 154TH STREET SUITE 403 SUITE 169 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 FEI Number: 20-4411155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEIBRI, LLC MADISEN AVENUE, LLC 8004 NW 154TH STREET 8004 NW 154TH STREET SUITE 403 SUITE 169 MIAMI LAKES, FL 33016 US MIAMI LAKES, FL 33016 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: ARSENIO MENDEZ 04/23/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition Title: () Delete CCAMM, LLC, Name: Name: 8004 NW 154TH STREET SUITE 403 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition MADISEN AVENUE, LLC, Name: Name: Address: 8004 NW 154TH STREET SUITE 403 Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SPUTNIK GROUP, LLC. Name: Name: 8004 NW 154TH STREET SUITE 403 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: ARSENIO MENDEZ MGMR 04/23/2008