

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90041 029 \*\*\*138.75

<b>DOCUMENT # L06000020868</b>					
<b>1. Entity Name</b> FODAMA, LLC					
<b>Principal Place of Business</b> 13025 NE 3RD AVENUE MIAMI, FL 33161			<b>Mailing Address</b> 13025 NE 3RD AVENUE MIAMI, FL 33161		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04292008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-4379704				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ACCUBIS INC 7618 DILIDO BLVD MIRAMAR, FL 33023			<b>7. Name and Address of New Registered Agent</b> Name <b>CLARKE, CECIL G</b> Street Address (P.O. Box Number is Not Acceptable) <b>13025 NE 3RD AVENUE</b> City <b>NORTH MIAMI</b> FL    Zip Code <b>33161</b>		
<b>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.</b>					
SIGNATURE			DATE <b>4-29-08</b>		
(NOTE: Registered Agent signature required when reinstating)			DATE		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARR, EWART E 555 NE 157TH STREET MIAMI, FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST DAMESSOUS, EDNER 520 NW 108 TERRACE MIAMI, FL 33168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CLARKE, CECIL G 13025 NE 3RD AVENUE MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR JOHNSON, CHRISTINA 320 NW 145 STREET MIAMI, FL 33168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
CECIL G. CLARKE			Date <b>4-29-08</b> Daytime Phone # <b>305-891-6339</b>		

60034922

