


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000025570</b> 1. Entity Name <b>AFFIRMED LLC</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:43

Principal Place of Business 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131
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<b>DO NOT WRITE IN THIS SPACE</b>
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03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5390493	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  FARRA, MIGUEL 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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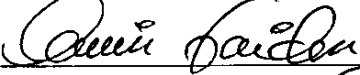
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>600130999936</b> 06/06/08--01027--015 **2453.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR SAIDEN DE NAVARRO, SILVIA 1643 BRICKELL AVENUE, APT 2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR DE SAIDEN, SILVIA 1643 BRICKELL AVENUE, APT 2305 MIAMI, FL 33129
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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**B. Tacklock JUN 02 2008**

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:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>3/24/08</b> <small>Date</small>	<small>Daytime Phone #</small>
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