### **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L06000028412**

THE FIRST, L.L.C.



Principal Place of Business

150 S.E. 2ND AVENUE, SUITE 1008 MIAMI, FL 33131

Mailing Address

444 BRICKELL AVENUE, #51-246 MIAMI, FL 33131

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

04-30-2008 90029 026 \*\*\*143.75

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04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0860374

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

IBC FIDUCIARY INC. 100 S.E. 2ND STREET, SUITE 2222-A MIAMI, FL 33131

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8.	. The above named entity submits this statement for the pull	cose of changing its registered office	ce or registered agent, or both, in the	he State of Florida. I am familia	with, and accept
	the obligations of registered agent.				

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

#### FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/M	ANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANZHILOV, DMITRY ENGELSA AVENUE 36, APT. 23 ST. PETERSBURG, RUSSIA, FL MGRM DIKS LIMITED LIABILITY COMPANY UL MALAYA POSADSKAY H 4A 97046, ST. PETERSBURG RUSSIA.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOTAL STATE LENGBORG ROSSIA,	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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.

JRE: D. Anzhilov
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE