2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L06000028428** 1. Entity Name 04-24-2008 90021 006 ***138.75 ROCKINGHAM INTERNATIONAL LLC Principal Place of Business Mailing Address 701 BRICKELL AVENUE, SUITE 3000 CALLE AQUILINO DE LA GUARDIA, NO. 8 60028221 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 Chg-LLC CR2E083 (12/06) City & State City & State 4. FELNumber Applied For NOT APPLICABLE Not Applicable Zip Country Zip 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 \$3410 City Zip Code 8. The above named entity submits 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Addition TITLE ☐ Delete TITI F ☐ Change RUIZ. EZEQUIEL NAME NAME STREET ADDRESS CALLE AQUILINO DE LA GUARDIA, NO. 8 STREET ADDRESS CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA, CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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April 22, 2008 🗹 Ezequiel Ruiz ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OF PRINTED NAME OF SIGN Date Daytime Phone #

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.