2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# L06000042194

Entity Name: LMF USA LLC

Current Principal Place of Business:

15121 SW 45TH TERRACE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

15121 SW 45TH TERRACE
MIAMI, FL 33185

New Mailing Address:

FEI Number: 74-3174905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTA, FRASCARELLI
15121 SW 45TH TERRACE
MIAMI, FL FL US

Name and Address of New Registered Agent:

MARTA, FRASCARELLI C
15121 SW 45TH TERRACE
MIAMI, FL FL 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: MARTA C. FRASCARELLI 04/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FRASCARELLI, MARTA C
Address: 15121 SW 45TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: MGR ( ) Delete
Name: FRASCARELLI, LUIS E SR.
Address: 15121 SW 45TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ROMINA, FRASCARELLI
Address: 15121 SW 45TH TERRACE
City-St-Zip: MIAMI, FL 33185

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.

SIGNATURE: MARTA C. FRASCARELLI MGR 04/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date