

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90072 001 ***277.50

DOCUMENT # L06000046258 1. Entity Name MEDEROS-CIVIC ACQUISITIONS, LLC																															
Principal Place of Business 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126			Mailing Address 5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																													
01082008 Chg-LLC CR2E083 (12/06)				4. FEI Number 20-4827818 <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BALOYRA, JOSE L ESQ. SUITE 300 2950 SW 27TH AVENUE MIAMI, FL 33133																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 <i>Pamela To Kirby</i> <i>agent</i> <i>PAMELA TO KIRBY</i> <i>1/22/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONVERSION CONSULTANTS, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5835 BLUE LAGOON DRIVE, SUITE 302</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	CONVERSION CONSULTANTS, LLC		STREET ADDRESS	5835 BLUE LAGOON DRIVE, SUITE 302		CITY-ST-ZIP	MIAMI, FL 33126		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																															
SIGNATURE: <i>Pamela To Kirby</i> <i>agent</i> <i>PAMELA TO KIRBY</i> <i>1/22/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>1/22/08</i> Daytime Phone # <i>301-595-5191</i>																											