2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053517

Entity Name: CAD - STUART, LLC

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 PONCE DE LEON BLVD., SUITE 201 9830 SW 77 AVENUE CORAL GABLES, FL 33134

#115

MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

8081 NW 67TH STREET 8950 SW 82ND STREET MIAMI, FL 331734130 MIAMI, FL 33166

FEI Number: 20-4994807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVAREZ, DOMINGO ALVAREZ, DOMINGO 1000 PONCE DE LEON BLVD., SUITE 201 9830 SW 77 AVENUE CORAL GABLES, FL 33134 MIAMI, FL 33156

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: DOMINGO ALVAREZ 04/22/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

ALVAREZ, CLAUDINA ALVAREZ, CLAUDINA Name: Name: 1000 PONCE DE LEON BLVD., SUITE 201 Address: 9830 SW 77 AVENUE Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete Title: MGR (X) Change () Addition ALVAREZ, DOMINGO Name: ALVAREZ, DOMINGO Name:

Address: 1000 PONCE DE LEON BLVD., SUITE 201 Address: 9830 SW 77 AVENUE City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete Title: MGR (X) Change () Addition

MION, ARLENE Name: MION, ARLENE Name: 1000 PONCE DE LEON BLVD., SUITE 201 8081 NW 67TH STREET Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33166

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: ARLENE MION 04/22/2008