

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061391

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DIMENSION PARTNERS INTERNATIONAL, LLC

## Current Principal Place of Business:

P.O. BOX 348115  
CORAL GABLES, FL 33234

## New Principal Place of Business:

1344 SW 18TH STREET  
MIAMI, FL 33145 US

## Current Mailing Address:

P.O. BOX 348115  
CORAL GABLES, FL 33234

## New Mailing Address:

P.O. BOX 348115  
CORAL GABLES, FL 33234 US

FEI Number: 20-5060281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATE PROCESS SERVICES, INC.  
2300 CORAL WAY  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JUNCOSA, RAMON E  
Address: 1344 S.W. 18 ST.  
City-St-Zip: MIAMI, FL 33145

Title: MGR ( ) Delete  
Name: JUNCOSA, MARIA E  
Address: 1344 S.W. 18 ST.  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JUNCOSA, RAMON E  
Address: 1344 S.W. 18 ST.  
City-St-Zip: MIAMI, FL 33145 US

Title: MGR (X) Change ( ) Addition  
Name: JUNCOSA, MARIA E  
Address: 1344 S.W. 18 ST.  
City-St-Zip: MIAMI, FL 33145 US

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: RAMON JUNCOSA

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date