2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000062665

1. Entity Name
CUBERA MANAGEMENT ONE, LLC

Principal Place of Business	Mailing Address
C/O 6545 S.W. 129 TERRACE MIAMI, FL 33156 US	C/O 6545 S.W. 129 TERRACE MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

04042008 No Chg-LLC   CR2E083 (12/07)

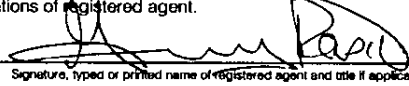| **4.** FEI Number	Applied For
20-5076356	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RASCO, GUY A
C/O 777 BRICKELL AVENUE
SUITE 850
MIAMI, FL 33131

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

4/8/08
DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000388908
04/22/08-80031-010 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RASCO, GUY A
STREET ADDRESS	C/O 777 BRICKELL AVE, SUITE 850
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08
Date

305-374-8200
Daytime Phone #