2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90099 006 ***138.75

DOCUMENT # L06000085672

1. Entity Name
CEDAR PARC ALLIANCE, LLC.

Principal Place of Business	Mailing Address
1569 N.W. 82ND AVENUE MIAMI FL 33126	1569 N.W. 82ND AVENUE MIAMI FL 33126

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5631583 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPWIZ REGISTERED AGENTS, INC.
8750 N.W. 36TH STREET, SUITE 220
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name JAXI, CMD, LLC
Street Address (P.O. Box Number is Not Acceptable) 1569 N.W 82 Avenue
City Miami FL Zip Code 33126

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] Jaxi, CMD as Manager 01-31-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

TITLE	MGR	☐ Delete
NAME	JAXI C.M.D., L.L.C.	
STREET ADDRESS	1569 N.W. 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Eduardo Caballero - JAXI CMD LLC as Manager (305)599-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 01-31-08 Daytime Phone #