

**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 001 ***138.75

DOCUMENT # L06000098308

1. Entity Name

CEDAR LOFTS ALLIANCE, LLC

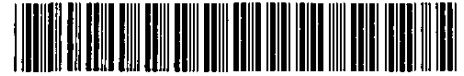


Principal Place of Business

1569 N.W. 82ND AVENUE
MIAMI FL 33126

Mailing Address

1569 N.W. 82ND AVENUE
MIAMI FL 33126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

20-5692886

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. 36 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 NW 82 Ave

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, typed or printed name of registered agent and title if applicable

Eduardo Caballero - Jaxi CMD, LLC as a manager 1/31/08

(NOTE: Registered agent's signature required when resigning)

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

10. ADDITIONS/CHANGES

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

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

TITLE: MGR
NAME: Jaxi CMD, L.L.C. Delete
STREET ADDRESS: 1569 NW 82ND Avenue
CITY-ST-ZIP: Miami, FL 33126

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

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

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

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

Abel Ramirez - Jaxi CMD, LLC as a manager

(305) 599-0700

01-31-08

Daytime Phone #