


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000102826		
1. Entity Name MET 3 HOLDINGS LLC		

Principal Place of Business 7171 CORAL WAY, STE. 104 MIAMI, FL 33155	Mailing Address 7171 CORAL WAY, STE. 104 MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2665 S. Bayshore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 703

City & State	City & State Miami, FL
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Zip	Country	Zip	Country
33133	USA	33133	USA

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

04302007	Chg-LLC	CR2E083 (12/06)
4. FEI Number		Applied For Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORNO, HELDA 7171 CORAL WAY, STE. 104 MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$75/12</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
700103589127 05/31/07--01007--008 **1100.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy D. Richards* 4/30/07 (305) 858-9900

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

FILED  
07 MAY 14 PM 2:06  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

