2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 18, 2008 8:00 am **Secretary of State** 01-18-2008 90018 003 ***138.75 **DOCUMENT # L07000016349** 1. Entity Name **BUSÍNESS ENGINES, LLC** Principal Place of Business Mailing Address 60002374 ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # Mailing Address 3712 S.W. 92nd Drive 3712 S.W. 92nd Drive Suite, Apt. #, etc Suite, Apt. #, etc. 01032008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Florida Gainesville. Gainesville, Not Applicable Florida 26-1508837 Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 32608 USA 32608 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Donald M. Irvin, Jr. CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 3712 S.W. 92nd Drive 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 Gainesville 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Addition TITLE TITLE Delete Donald M. Irvin, Jr. NAME NAME 3712 S.W. 92nd Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Gainesville, Florida MGR Whitaker Irvin X Addition ☐ Change Delete TITLE NAME NAME 6191 Viewsite Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 21701 Frederick, Maryland ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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be the same legal effect as if made under oath; that I am a managing member or manager of the his report as required by Chapter 608, Florida Statutes.

Daytime Phone #

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

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

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SIGNATURE:

limited liability company or the rec

indicated on this report is true and accurate and that my signature shall limited liability company or the repetver or trustee empowered to execute

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