

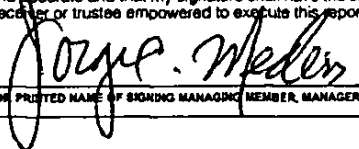


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90032 048 \*\*\*138.75

<b>DOCUMENT # L07000018004</b> 1. Entity Name <b>MEDEROS, SWEETWATER GROVES, LLC</b>					
Principal Place of Business <b>5835 BLUE LAGOON DRIVE SUITE 302 MIAMI, FL 33126</b>			Mailing Address <b>5835 BLUE LAGOON DRIVE SUITE 302 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			City & State Zip      Country		
4. FEI Number      Chg-LLC      CR2E083 (12/06)				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				30009127 	
6. Name and Address of Current Registered Agent <b>BALOURA, JOSE L ESQ. SUITE 300 2950 SW 27TH AVE. MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name <b>Balaura, Jose</b> Street Address (P.O. Box Number is Not Acceptable) <b>5835 Blue Lagoon Dr. Ste. 302</b> City <b>Miami</b> FL      Zip Code <b>33126</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CONVERSION CONSULTANTS, LLC 5835 BLUE LAGOON DRIVE MIAMI, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 508, Florida Statutes.					
SIGNATURE:  4/2/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					



HOLTSVILLE NY 11742-9003

\_\_\_\_\_

**MEDEROS SWEETWATER GROVES LLC**

JORGE C MEDEROS MBR

5835 BLUE LAGOON DRIVE SUITE 302

MIAMI FL 33126

30009127

# 607000 018004

Employer Identification Number:  
20-8454281

Number of this notice: CP 575 B

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-8454281. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

04/15/2008

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)

ATTACHMENT ~~#~~ 30009127  
C07000018004  
02-23-2007 MEDE B 1912001337 SS-4

**↑(IRS USE ONLY)**

575B

02-23-2007 MEDE B 1912001337 SS-4



Keep this part for your records.

CP 575 B (Rev. 1-2007)

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 B

1912001337

**Your Telephone Number    Best Time to Call**  
(       ) -

DATE OF THIS NOTICE: 02-23-2007  
EMPLOYER IDENTIFICATION NUMBER: 20-8454281  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

MEDEROS SWEETWATER GROVES LLC  
JORGE C MEDEROS MBR  
5835 BLUE LAGOON DRIVE SUITE 302  
MIAMI FL 33126