2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 18, 2008 8:00 am Secretary of State

1. Entity Name	MENT # L07000018 ERNATIONAL LLC	<u>846.</u>				06-18-2008	; 90070	013 ***52	38./5
Disciple Plane	of Dunisasa	Mailing Address	1				E ,	0007	000
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MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141									
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0 Discission D	lace of Business - No P.O. Box #	3. Mailing Address							
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		College And Waster			1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06062008	Chg-LLC	CR2E0	83 (12/06)		
		07. 6.00-1-			4.55(1)				olied For
City & State		City & State			4. FEI Numb	"2 3 <i>206</i> <u>:</u>	9		
		 			+52	<u> </u>			Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Addi	
		<u> </u>	_ 		L			Fee Required	J
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered /	Agent	
	Name	Name GIOVANNI TOSI							
A1A REGI	Street A	Street Address (P.O. Box Number is Not Acceptable)							
5647 110TH AVE. NORTH			30,000,7	001033 (1 .O. DOX (10)(10)	er is Not Acceptable	"		
ROYAL PALM BEACH, FL 33411-0000									
				76	<u>00 Colli</u>	ns Ave, Ap	t 90 <u>9</u>		
1	,		City				FL	Zip Code	
				M1	<u>ami Beac</u>	h,		<u> </u>	33141
8. The above	named entity submits this statement for ions of registered agent.	or the purpose of changing its reg	gistered office or	register	red agent, or bo	th, in the State of Fic	irida. I am	tamiliar with, a	and accept
the obligati	ions of registered agent.		^					0 100	
SIGNATURE .	Xvera /	0	OVANNI I	:051			06/0°	<u> 3 /08</u>	
	Signature, typed or printed name of registered agent	and tille if applicable. (NOTE: Re	egistered Agent signat	ure required	when reinstating)		DATE		
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Due	E NOW!!! FEE IS \$538.75 by September 12, 2008	200	CALLED AN		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	" Florida	ı Departm	ent of State	4
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9. 7.		ERS/MANAGERS 34 7 4 11	10 33 200	****	 	ADDITIONS	CHANGES		
TITLE.	MGRM 1	Delete	TITLE	1	• •. •			Change	Addition
NAME	TOSI, GIOVANNI		NAME						
STREET ADDRESS	7600 COLLINS AVE APT 909		STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
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NAME	1		NAME	I					

11. I hereby certify that the information supplied with this fling 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 try 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 truster empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-S1-ZIP

STREET ADDRESS

CITY-ST-ZIP

06/93/08 SIGNATURE: GIOVANNI TOSI, MGRM Date Daytime Phone #