2008 LIMITED LIABILITY COMPANY

FILED Jan 23, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State			
1. Entity Name	θ	# L07000027 RS SRC, LLC	7337				90023 015 ***13	8.75	
Principal Place 230 FIFTH ST MIAMI BEACH	REET		Mailing Address 230 FIFTH STREET MIAMI BEACH, FL 33139 US				: BARN WAX INDON INAN CHILL F	102) iie 1 10 i	
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt.			Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E083 (12/06)	
City & State	· .		City & State			4. FEI Number	-8709	/ / /\ 	oplied For ot Applicable
Zip	Country		Zip Countr		iry	<u> </u>	of Status Desired	S5.00 Add	
MARINA SI MIAMI BEA	BOUR DRIVE 33139				8. Box Marke Not Appropriate United Street am Beach FL Zing Soge, 39				
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, yield or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PAGE Make check payable to Florida Department of State									
		LIANIA OINIO LIELADI	FRO (144444 OFFICE			l.			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP			EHS/MANAGEHS Delete				ADDITIONS/	CHANGES Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Celete					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that	a information supplied with	Delete	CITY-	E ET ADDRESS - ST-ZIP	in Chanter 110 F	Societa Statutas 14	☐ Change	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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date									