## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000038824

## FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90026 044 \*\*\*138.75

1. Entity Nam REVOLU											
Principal Place of Business 2775 SHIPPING AVE. MIAMI, FL 33133			Mailing Address 2775 SHIPPING AVE. MIAMI, FL 33133			·		L			
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address	245							
Suite, Apt. #, etc.			Suite, Apt. #, etc. OR LANDO, FL 32861			l	04242008	Chg-LLC	CR2E	083 (12/0	6)
City & Stat	te		City & State				4. FEI Num	ber			Applied For Not Applicab
Zip		Country	Zip 32861	Coun	AZU			te of Status Desired		\$5.00 / Fee Requ	
	6. Name	and Address of Current	Registered Agent				7. Name an	d Address of New F	begistered	Agent	
SCHWAR	T7 PHILIS	<b>.</b>			Name						
2775 SHIP MIAMI, FL	PPING AVE		Street Address			Address (	P.O. Box Num	ber is Not Acceptable	9)		
					City	· · · · · · · · · · · · · · · · · · ·	******		<u></u>	Zip C	nda
					l		·····		FI	-   `	
8. The above the obligat	named entity tions of regist	y submits this statement fo tered agent.	r the purpose of changing its	register	ed office o	r register	ed agent, or b	oth, in the State of Flo	orida.fam	familiar wi	th, and accep
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signal	ture required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Fiorida Department of Sta						
			5								
				10.					Departr	nent of St	
9.	MGRM	Fee will be \$538.75 MANAGING MEMBE		10. mu				Fiorida	Departr	nent of St	ate
9. ITILE NAME	MGRM SCHWAR	Fee will be \$538.75  MANAGING MEMBE	RS/MANAGERS	TITLE	£	00.4	BOY 618	Florida ADDITIONS	Departr	nent of St	ate
9. ITILE NAME STREET ADDRESS	MGRM SCHWAR 2775 SHI	MANAGING MEMBE TTZ, PHILIP PPING AVE.	RS/MANAGERS	NAM: STRE	E ET ADDRESS	POL	BOX 618.	Florida ADDITIONS	Departr	nent of St	ate
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWAR 2775 SHIF MIAMI, FL	MANAGING MEMBE TTZ, PHILIP PPING AVE.	ERS/MANAGERS	nam Stre City	E ET ADDRESS -ST-ZIP	PO L OR L	80X 618. ANDO, FL	Fiorida	Departr	nent of St	e Additi
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APRIL 24,2008

<sup>11.</sup> 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.