

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043287

Entity Name: RIAS PROPERITES, LLC

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

8004 NW 154 STREET  
403  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

8004 NW 154 STREET  
169  
MIAMI LAKES, FL 33016

## Current Mailing Address:

8004 NW 154 STREET  
403  
MIAMI LAKES, FL 33016

## New Mailing Address:

8004 NW 154 STREET  
169  
MIAMI LAKES, FL 33016

FEI Number: 20-8881518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CCAMM, LLC  
8004 NW 154 STREET  
403  
MIAMI, FL 33016 US

## Name and Address of New Registered Agent:

CCAMM, LLC  
8004 NW 154 STREET  
169  
MIAMI, FL 33016 US

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.

SIGNATURE:

04/23/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MADISEN AVE, LLC,  
Address: 8004 NW 154 STREET, #169  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM ( ) Delete  
Name: CCAMM, LLC,  
Address: 8004 NW 154 STREET, #403  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARSENIO MENDEZ

MGMR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date