

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055449

Entity Name: MEAN CANARY LLC

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

4000 PONCE DE LEON  
SUITE 470  
CORAL GABLES, FL 33146 US

## New Principal Place of Business:

## Current Mailing Address:

4000 PONCE DE LEON  
SUITE 470  
CORAL GABLES, FL 33146 US

## New Mailing Address:

FEI Number: 26-0247328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RHYNE, JAMIESON S  
3031 MATILDA ST.  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KULDIP, ALDEN  
Address: 3442 SW 3RD ST.  
City-St-Zip: MIAMI, FL 33135 US

Title: MGRM ( ) Delete  
Name: HALL, ELLIOTT R  
Address: 3031 MATILDA ST.  
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM ( ) Delete  
Name: RHYNE, JAMIESON S  
Address: 3031 MATILDA ST.  
City-St-Zip: MIAMI, FL 33133 US

## ADDITIONS/CHANGES:

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

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: JAMIESON RHYNE

MGRM

04/14/2009

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