## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 16, 2008 8:00 am Secretary of State

D0011	MENT #1.07000000	490		07-16-2008 90021 008 ***538.75				
1. Entity Nam	MENT # L0700062	921						
Principal Place	e of Business	Mailing Address				50008	A A 2	
245 N.E. 183 MIAMI, FL 33		245 N.E. 183RD STREE MIAMI, FL 33179 U			ni en ezin man min min e		ht 27 <b>82-01</b> (71 2 <b>2-0</b> )	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			1 14					
Suite, Apt.	6. A. 11	Suite, Apt. #, etc.		070729	And Address	CR2E083 (12/0		
City & State	<del> </del>	City & State		3 4 FEW	<u>0353886</u>		Applied For Not Applicable	
Zip	Country	Zip	Country		cate of Status Desired	Fee Requ	Additional rired	
	6. Name and Address of Catrent F	Registered Agent	Nome	7. Neme	and Address of New	Registered Agent		
DROMI, BOAZ			Henne	Name				
245 N.E. 183RD STREET MIAMI, FL 33179			Street Address (P.O. Box Number is Not Acceptable)					
			City	•	·	FL Zip C	ode	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or	registered agent, c	r both, in the State of I	Rorida. I am familiar w	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	ALOTE A CONTRACT OF A CONTRACT						
			; Registered Agent signatu	re required when reinstatin	2)	DATE		
Fill	E NOWIII FEE IS \$538.75 by September 12, 2008	IN 300 II approcative. (NO.E	: Registered Agent signatu	re required when remission	RA	tke check payable t da Department of S		
FILL Due	E NOWIII FEE IS \$538.75		: Registered Agent signatu	re required when hemistion	Ma Flori	ike check payable t		
Due	E NOW!!! FEE IS \$538.75 by September 12, 2998			re required when remession	Ma Flori	ike check payable t da Department of S	tate	
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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 AND TYPED OR PORTED NAME OF SHOWING MANAGING MEMBER, MANAGING OR AUTHORIZED REPRESENTATIV

7/13/08

Daytime Phone #