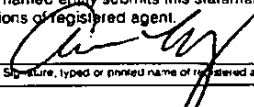
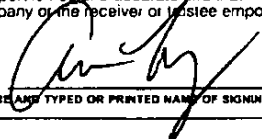


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-04-2008 90132 003 ***138.75

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DOCUMENT # L07000066573			
1. Entity Name LACE INTERNATIONAL LLC			
Principal Place of Business 1250 E HALLANDALE BEACH BLVD SUITE 404 HALLANDALE BEACH, FL 33009		Mailing Address 1250 E HALLANDALE BEACH BLVD SUITE 404 HALLANDALE BEACH, FL 33009	
2. Principal Place of Business - No P.O. Box # 18851 NE 29th Ave Suite, Apt. #, etc. 7th floor		3. Mailing Address 20333 Biscayne Blvd Suite, Apt. #, etc. 409	
City & State Aventura, Florida		City & State Aventura, Florida	
Zip 33180	Country USA	Zip 33180	Country USA
6. Name and Address of Current Registered Agent USA SEVEN HOLDINGS LLC 1250 E HALLANDALE BEACH BLVD SUITE 404 HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name Lankry, Aaron Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Avenue 7th floor City Aventura FL Zip Code 33180	
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:  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$/38.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM USA SEVEN HOLDINGS LLC 1250 E HALLANDALE BEACH BLVD#404 HALLANDALE BEACH, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM USA SEVEN HOLDINGS LLC 18851 NE 29th Avenue 7th floor Aventura, FL 33180 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			