

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070120

Entity Name: METROPARK GROUP, L.L.C.

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., STE 1050
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US

Current Mailing Address:

2121 PONCE DE LEON BLVD., STE 1050
CORAL GABLES, FL 33134 US

New Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US

FEI Number: 26-0530880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 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
Name: AGUIRRE MANOSALVAS, CARLOS J
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: AGUIRRE HERRERA, HAROLD F
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: CARLOS J AGUIRRE MANOSALVAS

MR

01/05/2011

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