2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Name FECO GR	OUP INT	# L07000080 FERNATIONAL, LL	С					0.1	SEP -4	Y OF STAT ORPORATI	ONS
Principal Place 1820 NORTH SUITE 207 WESTON, FL	CORPORAT	E LAKES BLVD.	Mailing Address 1820 NORTH CORPORATE LAKES BLVD. SUITE 207 WESTON, FL 33326								
2. Principal Pla 2775 Suite, Apt.	NE	ess - No P.O. Box #	3. Mailing Address 2775 NE 187 5†. Suite, Apt. #, etc.			05		90040		38,75	
Suite 516 Aventura Florida			Suite 516 City & State Aventura, Florida			,	4. FEI Numb	eng-LLC oer 69966		— — —	plied For
3318	33170 Country U.S		Zip 33/80 Registered Agent	Country			5. Certificate	e of Status Desir		\$5.00 Add Fee Required	
MARTINEZ 1820 NORT SUITE 207 WESTON,		Street Ac 377 Sui	te ver	s Pu Po Box Number 516 516 Tuva		etable)	L Zip Cod	0			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Item familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered agent applicable.) (NOTE: Registered agent applicable) (NOTE: Registered agent applicable)											
FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2) liability company did not receive to									Make check orida Departi		•
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIO	ONS/CHANGE	:\$	
TITLE	MGR	ICZ OU DEDT	☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	1820 NOR	IEZ, GILBERT RTH CORPORATE LAK , FL 33326	ES BLVD.	STREET A							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CARLOS RTH CORPORATE LAK , FL 33326	ES BLVD.	TITLE NAME STREET	ADDRESS	エリフフフ	nber SI In SNE Lntur	vestme 1875t a, FL	nts.4 54:4 3318	C C C C C C C C C C C C C C C C C C C	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET I	ADDRESS 1-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	address 1-zip					Change	☐ Addition
11. I nereby 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: Date Da											