## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## Feb 18, 2008 8:00 am DOCUMENT # L07000085001 **Secretary of State** 1. Entity Name 02-18-2008 90074 005 \*\*\*138.75 BASE OF PYRAMID ENTERPRISES, LLC Principal Place of Business Mailing Address 227 MICHIGAN AVENUE 227 MICHIGAN AVENUE #103 #103 MIAMI BEACH FL 33139 US MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2525 NE ZND ATENUZ Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) SUITE B City & State City & State 4. FEI Number Applied For MIAMI, FL 26-0731434 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANESSA, BARTRAM A Street Address (P.O. Box Number is Not Acceptable) 227 MICHIGAN AVENUE #103 MIAMI BEACH FL 33139 City Zip Code FL 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. FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TiTLE Change Addition MAME VANESSA, BARTRAM A NAME STREET ADDRESS STREET ADDRESS 227 MICHIGAN' AVENUE #103 CITY-\$T-ZIP MIAMI BEACH FL 33139 CITY-ST-Z:P TITLE ☐ Delete Title ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THEE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAMC STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 11. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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,

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED