2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L07000091857 03-28-2008 90172 048 ***138.75 1. Entity Name ELITÉ EXCLUSIVE EVENTS, L.L.C. Principal Place of Business Mailing Address 60017877 6595 N.W. 36 STREET 6595 N.W. 36 STREET SUITE 109-B SUITE 109-B VIRGINIA GARDENS, FL 33166 VIRGINIA GARDENS, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 26-0863023 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIBUT ABREU, MYRNA 3985 N.W. 191 ST. TERRACE Street Address (P.O. Box Number is MIAMI GARDENS, FL 33055 6595 NW 36 S ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8. The above named entity submits this states the obligations of register 03,24.08 SIGNATURE 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. ☐ Change TITLE TITLE Addition NAME ALJURE, DUNIA NAME 6901 S.W. 147 AVENUE, APT. 4-G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP MGR MLE ☐ Delete TITLE ☐ Change □ Addition DIBUT, ZENITH NAME NAMÉ 3034 OAK AVENUE, APT. 6 STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that it wisignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the epipowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied w indicated on this report is true and accurate a limited liability company or the acceiver. limited liability company 24,08 SIGNATURE: SIGNATURE AND TYPED ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 28, 2008 8:00 am