

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097795

Entity Name: CHALLENGE ME NOW, LLC

FILED
May 16, 2008
Secretary of State

Current Principal Place of Business:

749 CRANDON BLVD. APT #511
KEY BISCAYNE, FL 33149

New Principal Place of Business:

799 CRANDON BLVD
1003
KEY BISCAYNE, FL 33149

Current Mailing Address:

749 CRANDON BLVD. APT #511
KEY BISCAYNE, FL 33149

New Mailing Address:

799 CRANDON BLVD
1003
KEY BISCAYNE, FL 33149

FEI Number: 26-1132059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUIZ, VALENTINA
749 CRANDON BLVD. APT #511
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

RUIZ, VALENTINA
799 CRANDON BLVD.
1003
KEY BISCAYNE, FL 33149 US

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: VALENTINA RUIZ

05/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BISCAYNE CAPITAL, LL, C
Address: 749 CRANDON BLVD. APT #511
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BISCAYNE CAPITAL, LL, C
Address: 799 CRANDON BLVD. APT #1003
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VALENTINA RUIZ

MRS

05/16/2008

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