

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099549

FILED  
Jul 19, 2008  
Secretary of State

Entity Name: REC COMMUNICATIONS LLC

## Current Principal Place of Business:

11733 SW 107 TE  
MIAMI, FL 33186

## New Principal Place of Business:

8501 SW 124 AVE, SUITE 101  
MIAMI, FL 33183

## Current Mailing Address:

11733 SW 107 TE  
MIAMI, FL 33186

## New Mailing Address:

8501 SW 124 AVE, SUITE 101  
MIAMI, FL 33183

FEI Number: 32-0219412      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:

ALVAREZ, PABLE  
11733 SW 107 TE  
MIAMI, FL 33186      US

## Name and Address of New Registered Agent:

ALVAREZ, PABLO  
8501 SW 124 AVE, SUITE 101  
MIAMI, FL 33183      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: PABLO ALVAREZ

07/19/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: ALVAREZ, PABLO  
Address: 11733 SW 107 TE  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: ALVAREZ, PABLO  
Address: 8501 SW 124 AVE, SUITE 101  
City-St-Zip: MIAMI, FL 33183

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: PABLO ALVAREZ

MGRM

07/19/2008

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