2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000103422

Entity Name: RAF-INDEPENDENT MARKETING POWER, LLC

Current Principal Place of Business:

2655 LE JEUNE ROAD, SUITE 500
CORAL GABLES, FL 33134

New Principal Place of Business:

4000 PONCE DE LEON
CORAL GABLES, FL 33134

Current Mailing Address:

2655 LE JEUNE ROAD, SUITE 500
CORAL GABLES, FL 33134

New Mailing Address:

4000 PONCE DE LEON
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCAZAR, RAFAEL J
2655 LE JEUNE ROAD, SUITE 500
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. 2ND STREET
SUITE 2900
MIAMI, FL 33131 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: CHARLES J. RENNERT, V.P. 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FAERMAN, RICARDO A
Address: CALLE 11 DE SEPTIEMBRE #1399
City-St-Zip: BUENOS AIRES (1426)ARGENTINA, XX XX

Title: MGR (X) Delete
Name: ALCAZAR, RAFAEL J
Address: 2655 LE JEUNE ROAD, SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RICARDO FAERMAN MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date