

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105469

FILED
Apr 30, 2008
Secretary of State

Entity Name: WARDOUR INVESTMENTS LLC

Current Principal Place of Business:

520 BRICKELL KEY DRIVE, SUITE O-305
MIAMI, FL 33131

New Principal Place of Business:

520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US

Current Mailing Address:

520 BRICKELL KEY DRIVE, SUITE O-305
MIAMI, FL 33131

New Mailing Address:

520 BRICKELL KEY DRIVE
SUITE O-305
MIAMI, FL 33131 US

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

Name and Address of Current Registered Agent:

TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
520 BRICKELL KEY DRIVE, SUITE O-305
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DYMAX INTERNATIONAL SERVICES, INC.
520 BRICKELL KEY DRIVE
SUITE O-305
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: RICARDO DEL GIGLIO

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EDWARD DARBYSHIRE JA, RDINE HIRD
Address: 520 BRICKELL KEY DRIVE, SUITE O-305
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JARDINE HIRD, EDWARD DARBYSH
Address: 520 BRICKELL KEY DRIVE, SUITE O-305
City-St-Zip: MIAMI, FL 33131

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: EDWARD DARBYSHIRE JARDINE HIRD

MGR

04/30/2008

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