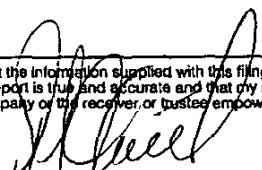


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 FEB 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000109729					
1. Entity Name VIMADI 2110, LLC					
Principal Place of Business 80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130			Mailing Address 80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box # 701 Brickell Avenue			3. Mailing Address 701 Brickell Avenue		
Suite, Apt. #, etc. Suite 1550			Suite, Apt. #, etc. Suite 1550		
City & State Miami, FL			City & State Miami, FL		
Zip 33131	Country USA	Zip 33131	Country USA	4. FEI Number 26-1362450	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARZA, HUGO P ESQ 80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Rd. # 221 E City Palm Beach Gardens FL 33410	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Valerie Hawk, Asst. Secretary		DATE 2/8/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANEL, MANUEL 80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANEL, Manuel 701 Brickell Avenue, Suite 1550 Miami, FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900119932449 03/11/08--01011--006 **138.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		2/15/08 (305) 728-5182		Date Daytime Phone #	