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	Mailing Address
80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130	80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130

01302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
701 Brickell Avenue	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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARZA, HUGO P ESQ 80 SW 8TH STREET, SUITE 1920 MIAMI, FL 33130	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 Zip Code: 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 Valerie Hawk, Asst. Secretary 2/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
		☐ Delete		900119932449 03/11/08--01011--006 **138.75	☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ 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: 2/5/08 (305) 728-5182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #