## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

2/8

DOCUMENT # L07000111416  1. Enlity Name PNT HOLDINGS LLC							02-08-200	08 9013	4 001 ****	"9/6.23
Principal Place	e of Business	3	Mailing Address			1 .	4 0 11 0			
701 BRICKELL AVENUE			701 BRICKELL AVENUE			301	004978			
850 Miami, Fl. 33131			850 Miami, FL 33131							
MIAMI, FL 33131			MIAMI, IL 33131			i inaron i	112 <b>6 6</b> 741 1 <b>6 6</b> 77 <b>6 7</b> 770 <b>6 6</b> 781 <b>6 6</b> 7	A ITA I MATA	TO FIEL COLD II	INTERNITATION
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302008	Chg-LLC	CR2E	083 (12/06)	<u> </u>
City & State			City & State			4. FEI Numi	ber		<u> </u>	opfied For I
Zlp	Country		Zip Coun		ntry	Certificate of Status Desired		litional		
6. Name and Address of Current R						7. Name an	d Address of New R	egistered.	Agent	
					Name					
TORRES, 701 BRICK		NUE		Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33131				ļ					
				City			FL	Zip Code	•	
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 Signature, typed or printed name of registered agent and bife if applicable (NOTE: Registered Agent signature required when reinstating)  OATE										
FILE After May	NOWILL	FEE IS \$138.75 Fee will be \$538.75							payable to nent of State	
9.	,	MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	10.			ADDITIONS	CHANGES		
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NAME   HERRERA, JULIO STREET ADDRESS   701 BRICKELL AVENUE SUITE 8			IEO.	KAN	EET AOORESS					i
CITY-ST-ZIP MIAMI, FL 33131			150		-ST-ZIP					
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CITY-ST-ZIP	<u></u>		<u></u> -		7-ST-ZIP					
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 path; that I am a managing member or manager of the limited liability company or the receiver particular empowered to execute this report as required by Chapter 608, Florida Statutes.										
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SIGNAT	TURE: _	AND TYPED OR PRINTED MARE OF	SECRETARING MEMBER, NA	MAGER, O	A AUTHORIZED REPRES	ENTATIVE	15/07 .		Sylva Phone s	<u>LT +6</u>