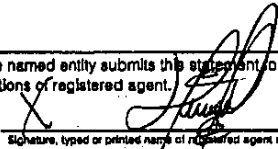
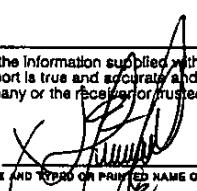


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 23 PM 1:47

DOCUMENT # L07000120523			
1. Entity Name JOXIYESLU 2309 INTERNATIONAL, LLC			
Principal Place of Business 2121 PONCE DE LEON BOULEVARD, STE 1100 CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BOULEVARD, STE 1100 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KREDI, ALBERT 2121 PONCE DE LEON BOULEVARD, STE 1100 CORAL GABLES, FL 33134		Name JOSE LUIS Q RIVAS Street Address (P.O. Box Number is Not Acceptable) C/O GSK 2121 PONCE DE LEON BLVD., 11TH FLOOR City CORAL GABLES FL 33134	
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 		DATE	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		in accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVAS, JOSE LUIS Q 2121 PONCE DE LEON BOULEVARD, STE 1100 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600136248656 09/23/08--01020--010 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSALES DELGADO, XIOMAR I 2121 PONCE DE LEON BOULEVARD, STE 1100 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTANA ROSALES, YESENIA C 2121 PONCE DE LEON BOULEVARD, STE 1100 CORAL GABLES, FL 33134 ☐ 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: 		Date	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	