

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021537

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** LER HOLDINGS, LLC

**Current Principal Place of Business:**

550 BILTMORE WAY  
SUITE 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 557243  
MIAMI, FL 33255

**New Principal Place of Business:**

1 SOUTHWEST 129 AVENUE  
300  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

1 SOUTHWEST 129 AVENUE  
300  
PEMBROKE PINES, FL 33027

**FEI Number:** 26-2068801      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CMS INTERNATIONAL ENTERPRISES, INC.  
550 BILTMORE WAY  
SUITE 200  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CANUSA PARTNERS LLC  
Address: 3500 SOUTH DUPONT HIGHWAY  
City-St-Zip: DOVER, DE 19901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CANUSA PARTNERS LLC

MGRM

05/01/2009

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