2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026389

Entity Name: FIVE DEFENDERS, LLC

FILED Jan 14, 2010 Secretary of State

New Principal Place of Business:

Current Principal Place of Business:

150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130

40 NW 3RD STREET MIAMI, FL 33128

Current Mailing Address: New Mailing Address:

150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130

FEI Number: 27-0463495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARKUS, MONA 2200 MUŚEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130 US

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:

MGR

MARKUS, DAVID Name:

Address: 169 E. FLAGLER ST., SUITE 1200

City-St-Zip: MIAMI, FL 33131 US

Title: MGR

Name: FLORES, HECTOR

Address: 169 E. FLAGLER ST., SUITE 1200

City-St-Zip: MIAMI, FL 33131 US

Title: MGR

SEITLES, MARC Name:

169 E. FLAGLER ST., SUITE 1200 Address:

City-St-Zip: MIAMI, FL 33130 US

Title: MGR

Name: BARZEE, WILLIAM

Address: 169 E. FLAGLER ST., SUITE 1200

City-St-Zip: MIAMI, FL 33130 US

Title: MGRM

KLUGH, RICHARD Name: 25 SE 2ND AV., SUITE 1105 Address:

City-St-Zip: MIAMI, FL 33131 US

Title:

MARKUS, MONA Name:

Address: 150 WEST FLAGLER STREET, SUITE 2200

MIAMI, FL 33130 City-St-Zip:

I hereby 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 Statues.

SIGNATURE: DAVID MARKUS **MGR** 01/14/2010

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