

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052262

FILED
Jun 29, 2009
Secretary of State

Entity Name: DECAPOLIS, LLC

Current Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2600 S DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 US

Current Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

New Mailing Address:

2600 S DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 US

FEI Number: 98-0583503 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:

RESTREPO, DIEGO L ESQ.
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ.
2600 S DOUGLAS ROAD
SUITE 506
CORAL GABLES, FL 33134 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: DIEGO L RESTREPO, ESQ

06/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RESTREPO, DIEGO L
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RESTREPO, DIEGO L
Address: 2600 S DOUGLAS ROAD, SUITE 506
City-St-Zip: CORAL GABLES, FL 33134 US

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: DIEGO L RESTREPO

MGR

06/29/2009

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