2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L08000064363

Entity Name: MATRIX BAHAMAS L.I., L.L.C.

Current Principal Place of Business:

2259 NE 20TH ST
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

1207 SEMINOLE DRIVE
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2259 NE 20TH ST
FORT LAUDERDALE, FL 33305

New Mailing Address:

1207 SEMINOLE DRIVE
FORT LAUDERDALE, FL 33304

FEI Number: 98-0597930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: IRONIS, WHITNEY W
Address: 2259 NE 20TH ST
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGR ( ) Delete
Name: KEAVER, DAVID
Address: 2259 NE 20TH ST
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KEEVER, DAVID
Address: 1207 SEMINOLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR (X) Change ( ) Addition
Name: IRONS, WHITNEY
Address: 1207 SEMINOLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: DAVID KEEVER MGRM 02/12/2009

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