

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102933

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ASTRAL MANAGEMENT COMPANY,LLC

**Current Principal Place of Business:**

860 NE 212 TERRACE  
SUITE #3  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

860 NE 212 TERRACE  
SUITE #3  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 80-0294885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACCIME, ALIX  
860 NE 212 TERACE  
SUITE #3  
MIAMI, FL 33179 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: PST ( ) Delete  
Name: ACCIME, ALIX  
Address: 860 NE 212 TERRACE SUITE #3  
City-St-Zip: MIAMI, FL 33179

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PS (X) Change ( ) Addition  
Name: ACCIME, ALIX  
Address: 860 NE 212 TERRACE SUITE #3  
City-St-Zip: MIAMI, FL 33179

Title: VPT ( ) Change (X) Addition  
Name: CARRIE, NATASHA VPT  
Address: 480 NE 30TH STREET #1606  
City-St-Zip: MIAMI, FL 33137 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: ALIX ACCIME

PS

04/22/2009

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