

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000102933

**FILED**  
**Nov 25, 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:** PS      ( ) Delete  
**Name:** ACCIME, ALIX  
**Address:** 860 NE 212 TERRACE SUITE #3  
**City-St-Zip:** MIAMI, FL 33179**Title:** VPT      (x) Delete  
**Name:** CARRIE, NATASHA VPT  
**Address:** 480 NE 30TH STREET #1606  
**City-St-Zip:** MIAMI, FL 33137 US**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T      ( ) Change (X) Addition  
**Name:** DAMAS, MARIE S  
**Address:** 860 NE 212 TERRACE #3  
**City-St-Zip:** MIAMI, FL 33179 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

11/25/2009

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