

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004850

FILED
Feb 24, 2011
Secretary of State

Entity Name: R2 INTERNET VENTURES, L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 800
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 800
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0940330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URBINA, RAFAEL
2121 PONCE DE LEON BLVD
SUITE 800
CORAL GABLES, FL 33134 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
Name: RAFAEL, URBINA-QUINTER
Address: 2121 PONCE DE LEON BLVD STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: SANTAELLA, HECTOR
Address: 2121 PONCE DE LEON BLVD STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: LUCHSINGER, CARLOS
Address: 2121 PONCE DE LEON BLVD STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: PERAZA, LUIS
Address: 2121 PONCE DE LEON BLVD STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: ROSENBERG, STEVEN
Address: 2121 PONCE DE LEON BLVD STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: TANCREDI, RODOLFO
Address: 2121 PONCE DE LEON BLVD STE 800
City-St-Zip: CORAL GABLES, FL 33134

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 Statutes.

SIGNATURE: RAFAEL URBINA

MGR

02/24/2011

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