SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF EX

FFLED May 02, 2008 08:00 AN Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nan	MENT # L99000006195 н, l.l.c.				·
Principal Place of Business Mailing Address 500 NE 185TH STREET 500 NE 185TH STREET NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 3317			19	1881 AD BIR WILL MIT ART! PR II BY	(1) & F(1) & F(1) & B(1) & 1) & 1) & 10 & 10 & 10 & 10 & 10 &
				01082008 No Chg-LLC	CR2E083 (12/07)
	O NOT WRITE IN	THIS SPAC) E	4. FEI Number 65-0951206	Applied For Not Applicable
	and the second control of the second control			5. Certificate of Status Desired	Fee Required
	Name and Address of Current Registers	d Agent			
) H 5 STREET IAMI BEACH, FL 33179			DO NOT W IN THIS SE	ari nau trinica di mita di
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANA	OERS			
TITLE .	MGRM WONG, CHARLES				
STREET ADDRESS	500 NE 185TH STREET			ar ay ja kun diti da d Gi ki ini ka ini da n	900942630
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179				06-60026-012 138 75
TITLE NAME	MGRM HUA, HAO H				
STREET ADDRESS CITY-ST-ZIP	500 NE 185TH STREET			The state of the s	Proceedings of the process of the pr
TITLE	NORTH MIAMI BEACH, FL 33179				
NAME.	The state of the s	Ì			
STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE				IN THIS SF	ACE
NAME STREET ADDRESS					
CITY-ST-ZIP					
MILE NAME					
STREET ADDRESS				i i Pril Jan Shite II II Jaka Kiti I iteritati. Amerikan hajing karin da salahin bir i Jarih	
CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP	week, the state of	deen not conside for the		In Chapter 119 Florida Statutes	1 / 1
11. I hereby certify that the Information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under orabit; that I am a managing member or manager of the tribled habitity company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.					