2008 LIMITED LIABILITY COMPANY

FILED May 16, 2008 8:00 am Secretary of State

	ANNUAL	KEPOKI L			occi etai	y or Su	110
1. Entity Nam	MENT # M0600005				05-16-2008 903	188 018 ***138	.75
FALIVIE 1	OST. GEORGE OFERATII	NG LLC					
Principal Place	e of Business	Mailing Address			6004	1868	
1055 NE 125		1055 NE 125TH STREE					
NORTH MIAM	II, FL 33161	NORTH MIAMI, FL 3316	51		**		
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108	Jace of Busing - No P.O. Box #	B. Mailing Address	•				
Suite, Apt.	site 600'	Suite, Apt. #, ehc. City & State	me_	04152008 4. FEI Numb		CR2E083 (12/06)	plied For
, W.,	" Miami, FU	Only di Gitalio		20-542		} - 	t Applicable
Zip 3 3	Country .	Zip	Country	5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current R	tégistered Agent	Name	7. Name and	Address of New Reg		-
BERNSTE	IN, MICHAEL MR		Street Add		Mael (5)	reenweld	<u>3</u>
STE 418	IDIAIAAE		<u> </u>	1080	<u> </u>	cayne	PIW
MIAMI BEA	ACH, FL 33139	/ 1		Soile	2 600	/	
	1 //	<i>'</i>	City	N. Mi	am ı	FL ZPP	161
8. The above	named entity sabmits this statement for ions of registered agent.	the purpose of changing its r	egistered office or re			a. I am familiar with,	and accept
the obligati	ions of registered agent	1110/			1 1/10	108	
SIGNATURE _					9/19		
	Signature. Noted odniklikati birme of rebusinged byldet sit	vafåtte ifandbalcable (NOTE:	Registered Agent signature	required when reinstating)		MATE	
	Signature, types of partial tarme of registered books a	of the ill authorizable. (NOTE:	Registered Agent signature	required when reinstating)		DATE	
FILE	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	of trife if anti-ficable. (NOTE:	Registered Agent signature	required when reinstating)		check payable to epartment of State	B
FILE	NOW!!! FEE IS \$138.75		Registered Agent signature		Florida D	check payable to	9
FILE After May 9.	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBER		10. TITLE		Florida D	check payable to	B Addilion
FILE After May 9. Title NAME	MANAGING MEMBER MGRM KLEIN, AVI	RS/MANAGERS	10. TITLE NAME		Florida D	check payable to	Addition
FILE After May 9.	MANAGING MEMBER MGRM KLEIN, AVI 1055 NE 125TH STREET	RS/MANAGERS	10. TITLE NAME STREET ADDRESS		Florida D	check payable to	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBER MGRM KLEIN, AVI	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-SI-ZIP		Florida D	Check payable to lepartment of State HANGES Change 33	□ Addition
FILE After May 9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM KLEIN, AVI 1055 NE 125TH STREET	RS/MANAGERS	10. TITLE NAME STREET ADDRESS		Florida D	check payable to	Addition
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I hereby certify that the information supplied with this filing 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 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:
SIGNATURE AND TYPED OR MONTED NAME OF SIGNING MANAGING METABER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #