

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 18, 2007
Secretary of State**

DOCUMENT# L05000066871

Entity Name: MFI, LLC

Current Principal Place of Business:

550 BILTMORE WAY
PH II
CORAL GABLES, FL 33134

New Principal Place of Business:

800 CLAUGHTON ISLAND DR.
603
MIAMI, FL 33131

Current Mailing Address:

550 BILTMORE WAY
PH II
CORAL GABLES, FL 33134

New Mailing Address:

800 CLAUGHTON ISLAND DR.
603
MIAMI, FL 33131

FEI Number: 20-3106774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC.
550 BILTMORE WAY
SUITE 200
CORAL GABLES, FL 33134 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MOLARDO, FABIAN A
Address: 800 CLAUGHTON ISLAND DR. #603
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BETANCOURT, MADELEINE
Address: 800 CLAUGHTON ISLAND DR. #603
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FABIAN MOLARDO

MGRM

05/18/2007

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