2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005379

OLD CUTLER, LLC



FILED Jul 22, 2008 08:00 AM Secretary of State

Principal Place of Business

9655 SOUTH:DIXIE-HIGHWAY

SUITE 200 MIAMI, FL 33156 Mailing Address

9655 SOUTH DIXIE HIGHWAY

SUITE 200

MIAMI, FL 33156



07082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1090493 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LARKIN, JEREMY S 9655 SOUTH DIXIE HIGHWAY **SUITE #200** MIAMI, FL 33156

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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, 1 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 Due by September 12, 2008

In accordance with s: 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955964 07/22/08-80013-014 138.75

MANAGING MEMBERS/MANAGERS 9. MGR TITLE LARKIN, JEREMY S NAME 9655 S DIXIE HIGHWAY #200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 MGR THLE SCHMIDT, EDWARD L NAME STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY #200 CHY-ST-ZIP MIAMI, FL 33156 MGR TITLE NAME RODSTEIN, H JOSH STREET ADDRESS 9655 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI, FL 33156 CITY-ST-ZIP TITLE STREET ADDRESS C11Y+ST-7IP DILE NAME STREET ADDRESS CITY-ST-ZIP 10016 STHEET ADDRESS CITY - SI - ZIP

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11. I hereby certify that the information su indicated on this report is true and ac his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information a G hat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receive

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #