


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054923 1. Entity Name DOUGLAS ELLIMAN FLORIDA LLC	
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FILED
Jul 16, 2008 08:00 AM
 Secretary of State

Principal Place of Business 1691 MICHIGAN AVE 210 MIAMI BEACH, FL 33139	Mailing Address 1691 MICHIGAN AVE 210 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE

07092008 No Chg-LLC		CR2E083 (12/07)	
4. FEI Number 20-1473661		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRIAN T. CARTER, P.A.
 1691 MICHIGAN AVE 210
 MIAMI BEACH, FL 33139

DO NOT WRITE
IN THIS SPACE

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: *B. T. Carter* (NOTE: Registered Agent signature required when reinstating) DATE: 7/9/08

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.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOFF, JAMIE 1691 MICHIGAN AVE 210 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYMAN, JOHN 1691 MICHIGAN AVE 210 MIAMI BEACH, FL 33139
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07/16/08-80009-016-138.75

11. 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: *John Lyman* **John Lyman VP** Date: 7-9-2008 Daytime Phone #: 305-695-6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE