## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000091033

1. Entity Name 14SW8750, LLC



Principal Place of Business

12900 S.W. 89TH COURT MIAMI, FL 33176 Mailing Address

12900 S.W. 89TH COURT MIAMI, FL 33176

## FILED May 01, 2008 08:00 AN Secretary of State



01282008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number<br>NOT APPLICABLE  |              |
|----|-------------------------------|--------------|
| 5. | Certificate of Status Desired | <b>\$</b> 5. |

\$5.00 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat   | named entity submits this statement for the purpose of chan<br>ions of registered agent. | nging its registere | d office or registered agent, or bo        | oth, in the State of Florida. I am familiar with, and accept |  |
|--|--|---------------------|--|--|--|
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE |  | (NOTE Registered    | Agent signature required when reinstating) | DATE   |  |
|  | NOW!!! FEE IS \$138.75<br>/ 1, 2008 Fee will be \$538.75                                 |                     |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |                     |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GARCIA, ROLAND JR<br>12900 SW 89TH CT<br>MIAMI, FL 33176                         |                     |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                     |  | U00000937410<br>05/27/08-80047-010 138.75                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                     | DO   | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                     | IN '                                       | THIS SPACE   |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP  |  |                     |  | •  |  |

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

121/0

Daylime Phone #