## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **ANNUAL REPORT** FILED Apr 28, 2008 08:00 AN **DOCUMENT # L04000092198** 1. Entity Name **Secretary of State** 4069 HOLDINGS, L.L.C. Principal Place of Business Mailing Address **4069 NE 9TH AVENUE** 4069 NE 9TH AVENUE OAKLAND PARK, FL 3334 OAKLAND PARK, FL 3334 04212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2057986 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAFFEI, GEORGE P ESQ. DO NOT WRITE 633 SE 3RD AVENUE, SUITE 4-R FT. LAUDERDALE, FL 33301 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000930895 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE NAME BELLASSAI, SAL STREET ADDRESS 4033 NE 9TH AVE CITY-ST-7IP OAKLAND PARK, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

-MCLM SALBELLISSAI, MEAN 4/22/08 954-564.8488