2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED ANNOAL KLI OKI											
DOCUMENT # L05000034669							FILED				
1. Entity Nam ARDEN P											
								08 JUL 17 AM 11: 22			
Principal Place of Business Mailing Address 5555 ANGLERS AVENUE 5555 ANGLERS AVENUE								SECRET	TARY OF STAT NSSEE, FLORIE	Ε	
SUITE 1A		//0	5555 ANGLERS AVENUE SUITE 1A					ASSEE, FLURIE	JA		
FT. LAUDERDALE, FL 33312 US FT. LAUDERDALE, FL 33312 US											
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1885 N.E. 29 th Avenue 1885 N.E. 29 th Av						Je		ara f a ljii ar ii al ii 19 1	 		
Suite, Apt. <u>كن/</u>	te #	1011	Suite, Apt. #, etc. 50.7e # 1011				06272008	Chg-LLC	CR2E083 (12/06	<u> </u>	
City & State	entura,	Florida	City & State	Fla	rida	4. FEI Number 20-5533			}	Applied For Not Applicable	
Zip 331	80	Country	Zip 33180	Countr	ry		5. Certificate	of Status Desired	S \$5.00 Ac Fee Requir		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
I NEGISTENED AGENTS OF FEOTIDA, ELG							Singer, Brown, Lews & Frankel, P.A. (P.O. Box Number is Not Acceptable)				
SUITE 2900 MIAMI, FL 33131							Hallyw	ood Blvd.	,	South	
City Hal							Irmood	-	Zip Co		
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 ANDREW I LEWIS, Director 6/27/08											
Signature, Niped of privited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE											
Amended AR is \$50.00 Make check payable to Florida Department of State											
9.		MANAGING MEMBER	 RS/MANAGER\$	10.				ADDITIONS	/CHANGES		
TITLE NAME	MGR PIAZZA, ALBERT C		Delete	TITLE NAME			<u></u>	101221	Change	☐ Addition	
STREET ADDRESS	5555 ANG	LERS AVENUE, SUITE	1A STREET		T ADDRESS		อ77ใช้	/0801044	.43695 022 **100	.00	
CITY-ST-ZIP	FT. LAUDI MGR	ERDALE, FL 33312	Delete TITLE		ST-ZIP				☐ Change	Addition	
NAME	NEAL, MICHAEL		NAMI						_ Onlinge		
STREET ADDRESS CITY-ST-ZIP	5555 ANGLERS AVE SUITE 1A FORT LAUDERDALE, FL 33312			STREET CITY-S	T ADDRESS ST-ZIP						
TITLE	MGR Delete					MG	a Ber Be	= N H AA AL1	Change	☐ Addition	
name Street address	5555 ANGLERS AVE SUITE 1A			STREET ADDRESS 8			SOK / DE	19th Avenu	e, 井1011		
CITY-ST-ZIP	_				ST-ZIP	Ave	inture,	FL 33180			
TITLE NAME			TITLE NAME		MGA	OUES CL	-AUDIO STI	文Change いだしいみん	☐ Addition		
STREET ADDRESS CITY-ST-ZIP				STREET CITY-5	T ADDRESS	1885	I N.E.	29m Aveni L 33180	ue, #1011		
TITLE			TITLE	-	אַע	NTOFFE F	<u> </u>	☐ Change	Addition		
NAME STREET ADDRESS				NAME STREET	T ADDRESS						
CITY-ST-ZIP				CITY-S	ST-ZIP						
TITLE * NAME			TITLE NAME	Į				☐ Change	Addition		
STREET ADDRESS				STREET	T ADDRESS						
			his filing does not qualify for		nptions con						
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: JACQUES CLAUDIO STIVELMAN 6/28/08 305-935-5050											
SIGNATURE: JACQUES CLANDIO STIVELMAN 6/28/08 305-935-5050 SIGNATURE AND TYPEGOR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date District Proces District Pr											