


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000052548 1. Entity Name 4229 SEAGRAPE DRIVE, LLC	
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Principal Place of Business 8930 SW 115TH TERRACE MIAMI, FL 33176	Mailing Address 8930 SW 115TH TERRACE MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3037161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E  
 8930 SW 115TH TERRACE  
 MIAMI, FL 33176

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000862775  
 04/16/08-80054-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRINZMAN, RICHARD H 1111 BRICKELL AVE., SUITE 2915 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRINZMAN, ALAN E 8930 SW 115TH TERR MIAMI, FL 33176
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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: Alan E. Krinzman 4/2/08 351-1070 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #