


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90225 044 ***138.75

DOCUMENT # L05000082027	
1. Entity Name 2465 WILTON LLC	

Principal Place of Business 3700 AIRPORT RD SUITE 401 BOCA RATON, FL 33431	Mailing Address 3700 AIRPORT RD SUITE 401 BOCA RATON, FL 33431
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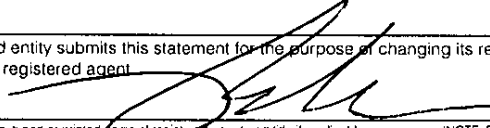
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2101 W Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2800
City & State	City & State Fort Lauderdale, FL
Zip	Country
33309	US

60020081



03202008 Chg-LLC CR2E083 (12/06)

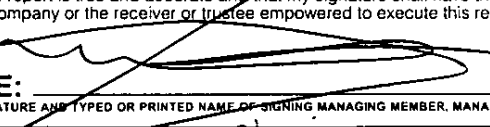
6. Name and Address of Current Registered Agent FORMAN, ROBERT PA 2101 W COMMERCIAL BLVD SUITE 2800 FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Robert S. Forman, Esquire Street Address (P.O. Box Number is Not Acceptable) Forman & Altino, P.A. 2101 W Commercial Blvd., Suite 2800 City Fort Lauderdale FL Zip Code 33309
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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 4/1/08
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIMM, KENNETH 3700 AIRPORT RD #401 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE 4/1/08	561-391-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Kenneth L. Shimm, Managing Member		