


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90087 044 \*\*\*138.75

**DOCUMENT # L05000121378**

1. Entity Name  
**NEIGHBORHOOD STRATEGIES LLC**



Principal Place of Business  
**701 BRICKELL AVENUE  
 SUITE 3000  
 MIAMI, FL 33131**

Mailing Address  
**701 BRICKELL AVENUE  
 SUITE 3000  
 MIAMI, FL 33131**

60003881



2. Principal Place of Business - No P.O. Box #  
**247 SW 8th Street**

3. Mailing Address  
**247 SW 8th Street**

Suite, Apt. #, etc.  
**PMB 315**

Suite, Apt. #, etc.  
**PMB 315**

01142008 Chg-LLC CR2E083 (12/06)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33130**

Country  
**USA**

Zip  
**33130**

Country  
**USA**

4. FEI Number  
**20-4833264**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRESEN, ERIK  
 701 BRICKELL AVENUE  
 SUITE 3000  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

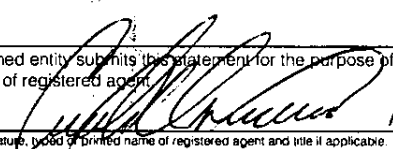
Name  
**Fresen, Erik**

Street Address (P.O. Box Number is Not Acceptable)  
**247 SW 8th Street**

**PMB**

City **Miami** **FL** Zip Code **33130**

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  **Erik Fresen** DATE **1/23/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FEFE CORP. 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>247 SW 8th Street, PMB 315 Miami, FL 33130</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  **Erik Fresen** DATE **1/23/08**

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