


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000012016**

1. Entity Name  
 3601 NE 20TH PLACE, LLC



Principal Place of Business 3601 NE 20TH PLACE OCALA, FL 34470 US	Mailing Address 5629 NW 38TH AVE BOCA RATON, FL 33496 US
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**DO NOT WRITE IN THIS SPACE**



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4254629	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

MALLINGER, MARTIN R  
 980 NORTH FEDERAL HIGHWAY  
 SUITE 302  
 BOCA RATON, FL 33432

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

00000787425  
 01/17/08-80081-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE, HARVEY W 5629 NW 38TH AVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE, JANET B 5629 NW 38TH AVE BOCA RATON, FL 33496
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Harvey Fine* 1/15/08 917-685-7466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #