

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060375

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SAWGRASS ONE ELEVEN, LLC

**Current Principal Place of Business:**

1671 NW 144TH TERRACE  
SUITE 111  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

1149 SAWGRASS CORP PKWY  
SUNRISE, FL 33323 US

**Current Mailing Address:**

P.O. BOX 266945  
WESTON, FL 33326 US

**New Mailing Address:**

FEI Number: 68-0632241      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH R. CASACCI, P.A.  
14 ROSE DRIVE  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUCAS, ROBERT  
Address: 1671 NW 144TH TERRACE, SUITE 111  
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR ( ) Delete  
Name: STEINBERG, MARSHA  
Address: 1671 NW 144TH TERRACE, SUITE 111  
City-St-Zip: SUNRISE, FL 33323 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LUCAS, ROBERT  
Address: PO BOX 266945  
City-St-Zip: WESTON, FL 33326 US

Title: MGR (X) Change ( ) Addition  
Name: STEINBERG, MARSHA  
Address: PO BOX 266945  
City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT LUCAS

MR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date