## **2008 LIMITED LIABILITY COMPANY**

## FILED May 01. 2008 08:00 AN ate

ANNUAL REPORT				Secretary of St	
DOCUMENT # L06000078739  1. Enlity Name 8900 LLC			Secretary or S	' [ }	
Principal Place 8105 WEST HIALEAH, FL		Mailing Address 8105 WEST 201H AVE HIALEAH, FL 33014		4 182000 BY: BOUG BY: 2001 BOUG BOUG SOUN SENT SENT FOR THE HIND (2002) 11 1000	
	<del> </del>				
DO NOT WRITE IN THIS SPA		CE	04292008 No Chg-LLC CR2E083 (12/07)		
DO NOT WRITE IN THIS STA			4. FEI Number Applied For 20-5848942 Not Applicat	ole	
		·		5. Certificate of Status Desired Status Desired Fee Required	
	6. Name and Address of C	urrent Registered Agent			
NUNEZ, RODOLFO 100 ALMERIA AVE SUITE 340				DO NOT WRITE	
CORAL GABLES, FL 33134				IN THIS SPACE	
	named entity submits this state tions of registered agent.	ment for the purpose of changing its registere	 ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE	Signature typed or printed name of register	red agent and title if applicable (NOTE: Registerer	d Agent signature required	d when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				U00000941877 05/28/08-80122-019 138.79	;
9.	MANAGING I	MEMBERS/MANAGERS	I		_
TITLE NAME	MGR HELLLIMITED PARTNERS	SHIP			
STREET ADDRESS	8105 WEST 20TH AVE				
CITY - ST-ZIP	HIALEAH, FL 33014				
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP				DO NOT WRITE	
TITLE			1	IN THIS SPACE	
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<del></del>			

11. Thereby certify that the information supplied with this fit of does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is trueland 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #