


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90131 023 ***143.75

DOCUMENT # L07000035163

1. Entity Name
 5900 SOUTH DIXIE HIGHWAY, LLC



Principal Place of Business
 3450 SOUTH OCEAN BLVD., SUITE 717
 PALM BEACH, FL 33480-5979

Mailing Address
 3450 SOUTH OCEAN BLVD., SUITE 717
 PALM BEACH, FL 33480-5979

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 P.O. Box 15527

Suite, Apt. #, etc.

City & State
 West Palm Beach, FL

Zip
 33416-5527

60013928



02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 38-3756652

Applied For
 Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|--|
| CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD., SUITE 1500 (AIT) MIAMI, FL 33131 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

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 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR. ROBERT WECHSLER 3450 S. OCEAN BLD. STE. 717 PALM BEACH, FL. 33480-5979 <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: Robert Wechsler manager Date: 2/19/08 Daytime Phone #: 212478283