

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**


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 1.

01-10-2008 90021 002 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

30002891



<b>DOCUMENT # L07000062809</b>					
1. Entity Name 3L NEW YORK HOLDING, LC					
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 501 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE, SUITE 501 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <i>13-0181191</i>				Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LOPEZ-LIMA LEVI, RAIMUNDO 201 ALHAMBRA CIRCLE, SUITE 501 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. <i>MANAGING</i> ADDITIONS/CHANGES		
TITLE	<i>HENER</i>	<input type="checkbox"/> Delete	TITLE	<i>MEMBER / DIRECTOR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>3L FAMILY, LTD</i>	
STREET ADDRESS			STREET ADDRESS	<i>201 ALHAMBRA CIRCLE, STE. 501</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<i>MANAGING MEMBER / DIRECTOR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>MIGUEL LOPEZ LIMA</i>	
STREET ADDRESS			STREET ADDRESS	<i>201 ALHAMBRA CIRCLE, STE 501</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>CORAL GABLES, FL 33134</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: _____			1/2/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					