


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90164 032 ***138.75

| | |
|--|---|
| DOCUMENT # L07000110083 |  |
| 1. Entity Name SKIPPER PALMS PLAZA, LLC | |

| | |
|---|---|
| Principal Place of Business C/O ISRAM REALTY MANAGEMENT, LLC 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009 US | Mailing Address C/O ISRAM REALTY MANAGEMENT, LLC 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009 US |
|---|---|

50003969



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02222008 Chg-LLC CR2E083 (12/06)

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 4. FEI Number 26-1431548 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent |
| MARCUS, ALAN J 20803 BISCAYNE BLVD. SUITE 301 AVENTURA, FL 33180 |

| | | |
|--|-----------|----------|
| 7. Name and Address of New Registered Agent | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ISRAM REALTY MANAGEMENT, LLC 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **SHAUL RIKMAN** 4/10/08 (954) 485-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #