02-28-2008 90102 033 ***138.50
L03000023960

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 MAR 12 PM 1:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000023960

1. Entity Name
1705 VAN BUREN, LLC

Principal Place of Business	Mailing Address
2501 HOLLYWOOD BLVD. SUITE 200 HOLLYWOOD, FL 33020	2501 HOLLYWOOD BLVD. SUITE 200 HOLLYWOOD, FL 33020

01282008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0733814
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

YOSIFOVE, YOSEF
2501 HOLLYWOOD BLVD.,
SUITE 200
HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YOSIFOVE, YOSEF
STREET ADDRESS	2501 HOLLYWOOD BLVD. STE. 200
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ YOSEF YOSIFOVE 2/28/08 954-922-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #