2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000109176

1. Entity Name
250 ABERDEEN LLC

Principal Place of Business	Mailing Address
5601 NORTH DIXIE HIGHWAY, SUITE 307 FORT LAUDERDALE, FL 33334	5601 NORTH DIXIE HIGHWAY, SUITE 307 FORT LAUDERDALE, FL 33334

03062008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3847711
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POWERS, DAVID J P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434

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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 _____ U00000873194 04/10/08-80068-009 138.75 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	MGR
NAME	TANEY, BARRY
STREET ADDRESS	5601 N DIXIE HWY STE 307
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGR
NAME	HALPERIN, LARRY
STREET ADDRESS	5601 N DIXIE HWY STE 307
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGR
NAME	ANAGNOSTE, SCOTT R
STREET ADDRESS	5601 N DIXIE HWY STE 307
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGR
NAME	THOMPSON, W SCOTT
STREET ADDRESS	5601 N DIXIE HWY STE 307
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGR
NAME	RUBSAMEN, PATRICK
STREET ADDRESS	5601 N DIXIE HWY STE 307
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
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: _____ 3/14/08

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