2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # L05000001394 1. Entity Name 3110 FORTY FIFTH STREET L.L.C.							04-09-2008		20 ***13	38.75
Principal Plac	on of Rusinana	- Admilion Address					6002	1021		
•		Mailing Address					- 0010	4001		
3110 45TH	-	3110 45TH ST.		_	i					
ME21 PALM	BEACH, FL 33407	WEST PALM BEACH, FL	. 33407	/						
							 			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	# etc	Suite, Apt. #, etc.								
55/15/17/5/1		3110 454	8+	Suite	, F	03122008	Chg-LLC	CR2E08	33 (12/06)	
City & Stat	<u> </u>	City & State	<u> </u>			4. FEI Numb	~		JAr	plied For
ony a one		Only a State					PLICABLE			ot Applicable
Zip	Country	Zip	Coun	itry		5. Certificate	of Status Desired		5.00 Add	
	C None and Address of Comme	1 Daniel						F	ee Require	d
	6. Name and Address of Curren	Registered Agent		Name		7. Name and	Address of New R	egistered A	gent	
HOPKINS	DOUGLAS J			Ivanie						
	KESIDE DR.			Street A	ddress (P.	Q Box Numb	er is Not Acceptable	3)		_
	RTH, FL 33460			45	<u> 3 </u>	San	er is Not Acceptable	DU	VE	
	, . 2 33 133			•	_					
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				City P	à Im	Sprin	19S	FL	133	461
8. The above	named entity submits this statement f	or the purpose of changing its	register	ed office or	registere			orida. I am fa	miliar with,	and accept
the obligat	ions of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered ager	t and title if applicable. (NOTI	E: Registere	d Agent signati.	ire required w	hen reinstating)		DATE		
	NOW!!! FEE IS \$138.75							e check pa	7	
	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5						e check pa Departme	7	6
After May	y 1, 2008 Fee will be \$538.7		10				Florida	Departme	7	6 pr
After May	y 1, 2008 Fee will be \$538.7	ERS/MANAGERS	10.	-				Departme	ent of State	
9. TITLE	MANAGING MEMB		TITLE	.			Florida ADDITIONS	Departme CHANGES	ent of State	Addition
9. TITLE NAME	MANAGING MEMB MGR HOPKINS, DOUGLAS J	ERS/MANAGERS	TITLE NAM	.	453	s San	Florida ADDITIONS	Departme CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR HOPKINS, DOUGLAS J 224 N. LAKESIDE DR.	ERS/MANAGERS	TITLE NAM STRE	EET ADDRESS			ADDITIONS, Mateo	Department CHANGES	Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGR HOPKINS, DOUGLAS J 224 N. LAKESIDE DR. LAKE WORTH, FL 33460	ERS/MANAGERS Delete	TITLE NAM STRE CITY	ET ADDRESS - ST-ZIP		s San n Spri	ADDITIONS, Mateo	Department CHANGES	Change	☐ Addition
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