


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L05000110569<br>1. Entity Name<br>30TH TERRACE INVESTORS, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>2688 EDGEWATER COURT<br>WESTON, FL 33332 | Mailing Address<br>2688 EDGEWATER COURT<br>WESTON, FL 33332 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04142008No Chg-LLC CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-3793227                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>DALE, CHARLES S<br>414 NE 4 STREET<br>FORT LAUDERDALE, FL 33301 | <b>DO NOT WRITE IN THIS SPACE</b> |
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000900935  
 04/29/08-80050-001 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SARRIA, GUILLERMO<br>2688 EDGEWATER COURT<br>WESTON, FL 33332 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE: 4/14/08 DAYTIME PHONE #: (305) 477-8266

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