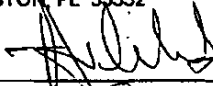
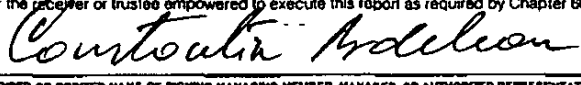


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/4

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-04-2008 90054 006 ***538.75

DOCUMENT # L05000073161			
1. Entity Name 4113 REGENCY PALMS, LLC			
Principal Place of Business 4113 E. LINEBAUGH AVENUE, UNIT 307 TAMPA, FL 33617		Mailing Address 3768 W COQUINA WAY WESTON, FL 33332	
2. Principal Place of Business - No P.O. Box # 8445 Springtree Drive		3. Mailing Address 8445 Springtree Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33351	Country USA	Zip 33351	Country
4. FEI Number 81-0678726		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARDELEAN, SORIN 3768 W COQUINA WAY WESTON, FL 33332 		7. Name and Address of New Registered Agent Name: Thomas M. Clark PA Street Address (P.O. Box Number is Not Acceptable) 2400 E Commercial Blvd #800 City Ft. Lauderdale FL Zip Code 33308	
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 reappointing) DATE			
FILE NOW!!! FEE IS \$438.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARDELEAN, SORIN 3768 W COQUINA WAY WESTON, FL 33332 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Constantin Ardelean 8445 Springtree Dr Sunrise, FL 33351 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes. SIGNATURE:  Date: April 23, 2008 954-742-8960 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			