

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90266 037 ***138.75

60018238



03182008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000007026 1. Entity Name THIRTY FIVE NORTH MIAMI, L.L.C.																																															
Principal Place of Business 2 NE FIRST ST MIAMI, FL 33132			Mailing Address 2 NE FIRST ST MIAMI, FL 33132																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State Zip Country			City & State Zip Country																																												
4. FEI Number 65-1018260				☐ Applied For ☐ Not Applicable																																											
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent KATES, LESTER G ESQ 807 GABLES INTERNATIONAL PLAZA 2655 LEJEUNE ROAD CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																												
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			Make check payable to Florida Department of State																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 45%;"> MGRM GOMEZ, ELIZABETH HORTA 2 NE. 1ST ST MIAMI, FL 33132 ☐ Delete </td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3" style="width: 20%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> MGRM HORTA, DELIA 2 NE FIRST ST MIAMI, FL 33132 ☐ Delete </td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3">☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ, ELIZABETH HORTA 2 NE. 1ST ST MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORTA, DELIA 2 NE FIRST ST MIAMI, FL 33132 ☐ 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		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ, ELIZABETH HORTA 2 NE. 1ST ST MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition																																												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORTA, DELIA 2 NE FIRST ST MIAMI, FL 33132 ☐ 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 608, Florida Statutes.																																															
SIGNATURE: 3/20/08 305-372-0094 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																															