

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 003 ***138.75

60006344



DOCUMENT # L00000007341 1. Entity Name S&S DOWNTOWN, L.L.C.					
Principal Place of Business 1212 S. ANDREWS AVENUE SUITE 203 FT LAUDERDALE, FL 33316			Mailing Address 1212 S. ANDREWS AVENUE SUITE 203 FT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01292008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 65-1026898	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARPE, ORLANDO 1212 S. ANDREWS AVENUE SUITE 203 FT. LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 1/29/08	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
FILE NOW!!! FEE IS \$138.75 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 SHARPE, ORLANDO 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHARPE, ORLANDO 1212 S. ANDREWS AVENUE - SUITE 203 FORT LAUDERDALE - FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOPP, DAVID 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHOPP, DAVID 1212 S. ANDREWS AVENUE - SUITE 203 FORT LAUDERDALE - FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 1/29/08 Daytime Phone # 954-832-9095	