

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000009795	
1. Entity Name DREXELER, L.L.C.	

Principal Place of Business % ELLEN ROSE ONE SE THIRD AVE., SUITE 2400 MIAMI BEACH, FL 33131	Mailing Address 301 ARTHUR GODFREY RD. SUITE 530 MIAMI BEACH, FL 33131
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01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1033231	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THERREL BAISDEN, P.A. SUNTRUST INTERNATIONAL CENTER ONE SE 3RD AVE., SUITE 2400 MIAMI, FL 33131

7. 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.

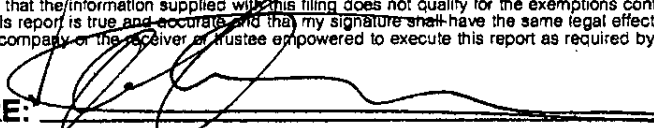
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLUECKMANN, FERDINAND % ONE SE THIRD AVE., SUITE 2400 MIAMI BEACH, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNAEVSKY, DOV % ONE SE THIRD AVE., SUITE 2400 MIAMI BEACH, FL 33131
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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:  **3/2/08 (305) 532-9551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #