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	Mailing Address
% ELLEN ROSE ONE SE THIRD AVE., SUITE 2400 MIAMI BEACH, FL 33131	301 ARTHUR GODFREY RD. SUITE 530 MIAMI BEACH, FL 33131

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

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GLUECKMANN, FERDINAND
STREET ADDRESS	% ONE SE THIRD AVE., SUITE 2400
CITY-ST-ZIP	MIAMI BEACH, FL 33131
TITLE	MGR
NAME	DUNAEVSKY, DOV
STREET ADDRESS	% ONE SE THIRD AVE., SUITE 2400
CITY-ST-ZIP	MIAMI BEACH, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000874184
04/10/08-80108-018 138.75

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: _____ 3/7/08 (305) 532-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #