

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004358	
1. Entity Name EIGHT TWENTY NINE, LLC	
Principal Place of Business 215 N FEDERAL HWY, STE 1 BOCA RATON, FL 33432	Mailing Address 215 N FEDERAL HWY, STE 1 BOCA RATON, FL 33432



FILED
08 MAR 21 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number 65-1104509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES H
215 N FEDERAL HWY, STE 1
BOCA RATON, FL 33432

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IN THIS SPACE**

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 _____
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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATMASIAN, JAMES H 215 N FEDERAL HWY, STE 1 BOCA RATON, FL 33432
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/06/08

Date

Daytime Phone #