


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L01000006821 1. Entity Name ETAM FLORIDA, LLC	
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Principal Place of Business 1455 OCEAN DRIVE SUITE 1008 MIAMI BEACH, FL 33139	Mailing Address 1455 OCEAN DRIVE SUITE 1008 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



04162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1099128	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

LINDEMANN, GEORGE
 1455 OCEAN DRIVE
 SUITE 1008
 MIAMI BEACH, FL 33139

DO NOT WRITE 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 _____ 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

05/07/08-80099-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDEMANN, HENRY 1455 OCEAN DRIVE, SUITE 1008 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDEMANN, GEORGE 1455 OCEAN DRIVE, SUITE 1008 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDEMANN, CHRISTINA 1455 OCEAN DRIVE, SUITE 1008 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Henri Linde* DATE: 4-18-08 DAYTIME PHONE #: 305-788-5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #