2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT FILED **DOCUMENT # L01000012160** May 02, 2008 08:00 AN Secretary of State trity Name T LLC Mailing Address Principal Place of Business 2750 N.E. 183RD STREET #408 5755 BIRD ROAD AVENTURA, FL 33160 MIAMI, FL 33160 04232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0075080 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALK, GARY ESQ. DO NOT WRITE 515 NORTH FLAGLER DRIVE 18TH FLOOR WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE(NOW!!!EFEE(ISI\$138:75) After May[1; 2008 Fee will be \$538:759 <u> H00000944091</u> MANAGING MEMBERS/MANAGERS 05/29/08-80086-010 138.75 9. MGR TITLE SIRAGUSA, SAL STREET ADDRESS 2750 N.E. 183RD STREET #408 CITY-ST-ZIP AVENTURA, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY - ST- ZIP

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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

14-27-08 308665-094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: ✓