2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # L01000019347 1. Entity Name TEMPLIN REAL ESTATE, LLC						02-15-2	2008 90053 049	***138.75	
Principal Place of Business 500 S.W. 21ST TERRACE B-105 FT. LAUDERDALE, FL 33312		Mailing Address 500 S.W. 21ST TERRACE B-105 FT. LAUDERDALE, FL 33312				(2006/8426) 			
2. Principal Place of Business - No P.O. Box # 12441 NW 3 Stree + Suite, Apt. #, etc.		3. Mailing Address 151 North Neb Hill Rd Suite, Apt. #, etc.			02112008	Chg-LLC	CR2E083 (12/06	 	
A-1 City & State PLANTATI		City & State PLANTATI W FL			4. FEI Numb 65-115	per	·	Applied For Not Applicable	
Zip 333325	Country USA 6. Name and Address of Current F	Zip 33324	Country	4	Certificate of Status Desired Name and Address of New		Fee Requi	Fee Required	
TEMPLIN, CAROL					CAROL Templin ddress (P.O. Box Number in the Acceptable) THE Zip Code ANTATION FL Zip Code				
8. The above named entity submits his 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 NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable to a Department of St		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM TEMPLIN, CAROL 500 SW 21ST TERRACE B-105 FORT LAUDERDALE, FL 33312	☐ Delete	10. TITLE NAME STREET A	Car	PRM 1001 Templ 441 HW 3"	⁴⁰ St. A-1	Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET #	ADORESS	<u> </u>	<i>,</i> ,	☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C) Delete	TITLE NAME	ADDRESS			☐ Chang	e Addition	
TITLE NAME STREET ADORESS CHY-ST-ZIP		☐ Delete	TITLE NAME	ADORESS			☐ Cháng	e [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			Chang	ge Addition	
indicated	certify that the information supplied with d on this report is true and accurate and ability company or the positiver or trustee	that my signature shall have	the same le	egal effect as	s if made under oat	th; that I am a manag	urther certify that the i ging member or man	nformation ager of the	