2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000012459

1. Entity Name
SALADA PROPERTIES, L.L.C.



Principal Place of Business

5500 COLLINS AVE SUITE 402

MIAMI BEACH, FL 33140

Mailing Address

5500 COLLINS AVE SUITE 402

MIAMI BEACH, FL 33140

FILED May 02, 2008 08:00 Al Secretary of State



04282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0612225 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, GEORGE 5500 COLLINS AVE SUITE 402 MIAMI BEACH, FL 33140

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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 re	enstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000946119 MANAGING MEMBERS/MANAGERS 05/30/08-80035-018-143.75			
9.	MANAGING MEMBERS/MANAGERS		02/20/09/0000 010 1/01/1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINCAK, LAUREN 1550 NORTHVIEW DR MIAMI BEACH, FL 33140	<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, GEORGE 5500 COLLINS AVE, SUITE 402 MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, TAMMY 5500 COLLINS AVE MIAMI BEACH, FL 33410		DO NOT WRITE
THEE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS	"Inte I'		

11. I hereby certify that the information supplied with this filling 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 flability company or the register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

PROTECT HAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/0

305-867-6572

Daytime Phone #