


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000018219</b> 1. Entity Name AREA 31, LLC	
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Principal Place of Business 2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311	Mailing Address 2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311
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**DO NOT WRITE IN THIS SPACE**



02102008No Chg-LLC

CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent  GRISHAM, CLARENCE J 2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311
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**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 \_\_\_\_\_  
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**

U000000323722  
05/16/08-80041-018 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GRISHAM, HAZEL R 2340 NW 29TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GRISHAM, CLARENCE 2340 NW 29 ST FORT LAUDERDALE, FL 33311
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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:** Clarence Grisham 4-15-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #