

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019212

Entity Name: 520 NORTH PARKWAY, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

3050 AVENTURA BLVD., #300
AVENTURA, FL 33180

New Principal Place of Business:

18205 BISCAYNE BLVD.
2201
AVENTURA, FL 33160

Current Mailing Address:

3050 AVENTURA BLVD., #300
AVENTURA, FL 33180

New Mailing Address:

18205 BISCAYNE BLVD.
2201
AVENTURA, FL 33160

FEI Number: 27-0024828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODZIN, GARY A
3050 AVENTURA BLVD., #300
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

BODZIN, GARY A
18205 BISCAYNE BLVD.
2201
AVENTURA, FL 33160 US

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.

SIGNATURE: GARY A. BODZIN

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BODZIN, GARY A
Address: 3050 AVENTURA BLVD., #300
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: GOLDEN, KENNETH
Address: 3025 AVENTURA BLVD.
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BODZIN, GARY A
Address: 18205 BISCAYNE BLVD., #2201
City-St-Zip: AVENTURA, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY A. BODZIN

MGRM

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date