## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 08, 2008 8:00 am

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DOCUMENT # L02000030032  1. Entity Name							,		90097 035 ***		
DEAN/CARSON GRAPE ST., LLC											
Principal Place	e of Business	3	Mailing Address				eoone	020			
9100 S. DADELAND BLVD., #901			9100 S. DADELAND BLVD., #901					60000			
MIAMI, FL 33156-7815			MIAMI, FL 33156-7815					,			
1							14  1   46		<b>              </b>		
2. Principal Place of Business - No P.O. Box # 9100 S. DADELAND BLVD.			3. Mailing Address 9100 S. DADELAND BLVD.			VD.					
Suite, Apt. #, etc. 1600			Suite, Apt. #, etc. 1600			01072008	Chg-LLC	CR2E083 (12/	06)		
City & State			City & State				4. FEI Numb			Applied For	
MIAMI, FL			MIAMI, FL			38-366	6541	<b>A</b>	Not Applicable		
33 <b>1</b> 56		Country USA	33156	Coun	<sup>try</sup> U	SA	5. Certificate	of Status Desired	□ \$5.00 Fee Rec	Additional juired	
6. Name and Address of Current Registered Agent							7. Name and	i Address of New F	Registered Agent		
TESCHER GUTTER CHAVES JOSEPHER RUBIN ET AL 2101 CORPORATE BLVD., STE. 107				Name Street Ac			P.O. Box Numb	er is Not Assentable	<u> </u>	<u></u>	
BOCA RAT			City		01100171		ddress (P.O. Box Number is Not Acceptable)				
								FL Zip	Code		
The above named entity submits this statement for the purpose of changing its regis						ragistor	ad agent or be	the in the State of Ele		with and named	
the obligat	ions of regist	ered agent.	the purpose of changing its	registere	ad Office Of	register	eu agent, or bo	ui, iii tile State of Fr	onda. Tamramilar	vitri, arid accept	
I SIGNATURE.		or printed name of registered agent an	od litte if applicable (NOTE	Ponjetara	d Annie signat	re required	when reinstating)		DATE	16.1 F	
12.62.78		or premiod narras or registered agont an	(10)	registore	a ngon agnati	are ragained	witch to its (other)	<del></del>	DATE		
1											
		FEE IS \$138.75 Fee will be \$538.75					_		te check payable a Department of	the state of the s	
			RS/MANAGERS	10.			-	Florid	a Department of	the state of the s	
After May		Fee will be \$538.75	IS/MANAGERS	10. TITLE	Ε	MGF			a Department of	State [7]	
After May  9.  TITLE  NAME	MGR DEAN, HA	Fee will be \$538.75  MANAGING MEMBEF	☐ Delete	TITLE NAM	E	MGF DEA	R AN, HAR	ADDITIONS	a Department of	State [7]	
9. TITLE NAME STREET ADDRESS	MGR DEAN, HA	MANAGING MEMBER  ARRY ADELAND BLVD, SUITE	☐ Delete	THTLE NAM STRE	E ET ADDRESS	DEA 9100	N, HAR	ADDITIONS RY DELAND B	/CHANGES  SLVD., SU	State Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, HA	MANAGING MEMBER  ARRY ADELAND BLVD, SUITE	☐ Delete	TITLE NAM STRE CITY	E ET ADORESS -ST-ZIP	DEA 9100	N, HAR	ADDITIONS RY	CHANGES  SLVD., SU	nge Addition	
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP