

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90097 036 ***138.75

DOCUMENT # L02000030040

1. Entity Name
DEAN/CARSON 2ND AVE., LLC



Principal Place of Business
**9100 S. DADELAND BLVD. #901
MIAMI, FL 33156-7815**

Mailing Address
**9100 S. DADELAND BLVD. #901
MIAMI, FL 33156-7815**

60006839



2. Principal Place of Business - No P.O. Box #
9100 S. DADELAND BLVD

3. Mailing Address
9100 S. DADELAND BLVD.

Suite, Apt. #, etc.
1600

Suite, Apt. #, etc.
1600

01072008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
56-2304366

Applied For
Not Applicable

Zip
33156

Country
USA

Zip
33156

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TESCHER GUTTER CHAVES JOSEPH RUBIN ET AL
2101 CORPORATE BLVD., SUITE 107
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEAN, HARRY
9100 S. DADELAND BLVD, SUITE 901
MIAMI, FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEAN, HARRY
9100 S DADELAND BLVD., SUITE 1600
MIAMI, FLORIDA 33156** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature] **1/30/08**

Date

Daytime Phone #