

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

Suite, Apt. #, etc.
1600

3. Mailing Address
9100 S. DADELAND BLVD.

Suite, Apt. #, etc.
1600

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33156

Zip
33156

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

56-2304366

Applied For
Not Applicable

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

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, HARRY 9100 S DADELAND BLVD., SUITE 1600 MIAMI, FLORIDA 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SSN:

EXPIRATION DATE:

STATE:

ISSUE DATE:

EXPIRATION DATE: