

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001816

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** THIRTY-SIX HUNDRED HOLDINGS, LLC

**Current Principal Place of Business:**

6300 N.E. FIRST AVENUE  
SUITE #300  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

6300 N.E. FIRST AVENUE  
SUITE #300  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

**FEI Number:** 20-0240293      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SADER, ROBERT L ESQ  
1901 W. CYPRESS CREEK ROAD  
SUITE 415  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

SADER, ROBERT L ESQ  
6300 N.E. FIRST AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33334 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: \_\_\_\_\_ 04/27/2009  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSCHMAN, ROBERT  
Address: 6300 NE 1ST AVE., STE 300  
City-St-Zip: FORT LAUDERDALE, FL 33334

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: THE ROBERT ROSCHMAN REVOCABLE TRUST  
Address: 6300 NE 1ST AVE., STE 300  
City-St-Zip: FORT LAUDERDALE, FL 33334

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: ROBERT ROSCHMAN      MGR      04/27/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date