


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90225 008 \*\*\*138.75

<b>DOCUMENT # L03000002530</b>					
<b>1. Entity Name</b> FLORIDIAN 3120, LLC					
<b>Principal Place of Business</b> 2101 W COMMERCIAL BLVD SUITE 2800 FT. LAUDERDALE, FL 33309			<b>Mailing Address</b> 2101 W COMMERCIAL BLVD SUITE 2800 FT. LAUDERDALE, FL 33309		
<b>2. Principal Place of Business - No P.O. Box #</b> 3700 Airport Road		<b>3. Mailing Address</b> Suite, Apt. #, etc. Suite 401			
Suite, Apt. #, etc. Suite 401		Suite, Apt. #, etc.		03202008    Chg-LLC    CR2E083 (12/06)	
City & State Boca Raton, FL		City & State		<b>4. FEI Number</b> 59-3764897	
Zip 33431		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FORMAN, ROBERT S PA 2101 WEST COMMERCIAL BLVD. SUITE 2800 FT. LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDIAN ESTATE BUILDERS, LLC 2101 W COMMERCIAL BLVD #2800 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3700 Airport Rd, Suite 401 Boca Raton, FL 33431	
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	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/1/08    561-391-1751 Date    Daytime Phone #		
Kenneth L. Shimm, Managing Member					