2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

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FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90025 044 ***138.75

Mailing Address Mailing Address Mailing Address Mailing Address MST PALM BEARH, PL 33401	1. Entity Nam	WIENT # LUSUUUU77	110		03-01-2008 90023 044 11138.	.,5	
SoS S. FLAGLER RRIVE, #1325 SoS S. FLAGLER RRIVE, #1325 WEST PALM BEACH, FL 33401 Sules	Principal Plac	e of Business	Mailing Address	L	-		
Suite Apt # 90.	505 S. FLAGLER DRIVE, #1325		505 S. FLAGLER DRIVE, #1325				
Suite Apt # 90.					I JARTINATI DIL KANDA 1914 9001 BONU 6511 GENIN DONI 1581 KIRDI 9001 1977		
City & State Country Country Country Country Country Country Street Address of Current Registered Agent T, Name and Address of Status Desired Fee Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City FL Zip Code City City City City City City City City			3. Mailing Address				
Type	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04112008 Chg-LLC CR2E083 (12/06)		
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Name	Zip	Country	Zip	Country			
KATZ, MARTIN V 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401 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 mills with, and accept the obligations of registered agent, and both in the State of Florida. I am mills with, and accept the obligations of registered agent, and both in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida. I am mills with, and accept the obligations of registered agent, or both, in the State of Florida Department of State State of Florida D		6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		,		Name			
E. The above named entity submits this statement for the purpose of changing its registrored agent, or both, in the State of Florida. I am Islantifier with. and screep the obligations of registrored agent, or both, in the State of Florida. I am Islantifier with. and screep the obligations of registrored agent. SIGNATURE Symal/N. S	625 N. FLAGLER DRIVE, 9TH FLOOR			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or ported name of registered agent and star it equalcodes (NOTE, Registered Agent signature required when renstating) DATE	WESTPA	M BEACH, FL 33401					
SIGNATURE Signature Signa	in the second se			City	City FL Zip Code		
FILE NOW!!! FEE IS \$138.75 Arter May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME HANNA, PAUL B SIREST ADDRESS CITY-ST-2P TITLE NAME SIREST ADDRE			the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, a	nd accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition	SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE		
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition						•	
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limited liability company or the receiver of trustee employers as execute this report as required by Chapter 608, Florida Statutes.

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