

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 050 ***138.75

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01292008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000014250 1. Entity Name OLD, LLC					
Principal Place of Business 1212 S. ANDREWS AVENUE SUITE 203 FORT LAUDERDALE, FL 33316 US			Mailing Address 1212 S. ANDREWS AVENUE SUITE 203 FORT LAUDERDALE, FL 33316 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0011619	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEOPOLD, NORMAN 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180				Name <u>SHARPE, Orlando</u> Street Address (P.O. Box Number is Not Acceptable) <u>1212 S. ANDREWS AVENUE - SUITE 203</u> City <u>FORT LAUDERDALE</u> , <u>FL</u> Zip Code <u>33316</u>	
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				DATE <u>1/29/08</u>	
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	MGRM SHARPE, ORLANDO 1212 S. ANDREW AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHOPP, DAVID 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PROIETTO, LOUIS 1212 S. ANDREWS AVENUE, SUITE 203 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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:				Date <u>1/29/08</u> Daytime Phone # <u>954-832-5095</u>	