2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L03000019679

Entity Name: EIGHT-C, LLC

Current Principal Place of Business:

4565 NORTH MICHIGAN AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

P O BOX 403818
MIAMI BEACH, FL 331401818 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPSKAR, JOSEPH
4565 NORTH MICHIGAN AVENUE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LIPSKAR, JOSEPH	
Address:	4565 NORTH MICHIGAN AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGRM	( ) Delete
Name:	LIPSKAR, SHOLOM	
Address:	4565 NORTH MICHIGAN AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGRM	( ) Delete
Name:	LIPSKAR, MENDEL	
Address:	4565 NORTH MICHIGAN AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGRM	( ) Delete
Name:	LIPSKAR, RACHEL	
Address:	4565 NORTH MICHIGAN AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGRM	( ) Delete
Name:	SCHOCHET, BATSHEVA	
Address:	4565 NORTH MICHIGAN AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: J LIPSKAR M 04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date