## **2004 LIMITED LIABILITY COMPANY**

## Feb 19, 2004 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L03000038502** 02-19-2004 90159 009 \*\*\*\*50.00 1. Entity Name TABÚL8, L.L.C. Principal Place of Business Mailing Address 24012842 5455 FEDERAL HWY., STE. Q 5455 FEDERAL HWY., STE. Q BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072004 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 20,0361837 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSE, STEVEN H Street Address (P.O. Box Number is Not Acceptable) 5455 FEDERAL HWY., STE. Q BOCA RATON, FL 33487 Zip Code ~City 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 Signature, typed or printed name of registered agent and title if applicable DATE Filing Fee is \$50.00 Due by May 1, 2004 Make.check:payable:to:::: Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change ■ Addition ☐ Delete ROSE, STEVEN H NAME NAME 5455 FEDERAL HWY., STE. Q STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete NAME PER 26 Com per de laboración recentra de la sector en el 1900 en el festo. O en la configia de la recención de el grafica en das percentigados. O esta esta por la grafica de la configia de la configia per con per configia (configia per configia per config 100 adin 85 th sister of a sign of the contraction of t STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP : 31: TITLÊ ☐ Delete TITLE 31-00 ☐ Change Addition NAME TIN NAME 11 188 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Charge in TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that is 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 emprovered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

TITLE NAME

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

☐ Change

☐ Addition

FILED