

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90315 020 ***138.75

DOCUMENT # L03000042011 1. Entity Name SAILBOAT BEND 407/409, LLC																													
Principal Place of Business 2101 N ANDREWS AVE 107 WILTON MANORS, FL 33311			Mailing Address 2101 N ANDREWS AVE 107 WILTON MANORS, FL 33311																										
2. Principal Place of Business - No P.O. Box # 1400 East Oakland Park Blvd Suite #210 Oakland Park, Florida 33334		3. Mailing Address 1400 East Oakland Park Blvd Suite #210 Oakland Park, Florida 33334																											
Zip Country		Zip Country		4. FEI Number 52-2407366																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent MORRIS, KIMBERLY L 2101 N ANDREWS AVE 107 WILTON MANORS, FL 33311				7. Name and Address of New Registered Agent Name Street 1400 East Oakland Park Blvd Suite #210 City Oakland Park, Florida 33334																									
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>MORRIS, BRETT H</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 N ANDREWS AVE STE 107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WILTON MANORS, FL 33311</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	MORRIS, BRETT H	<input type="checkbox"/>	STREET ADDRESS	2101 N ANDREWS AVE STE 107		CITY-ST-ZIP	WILTON MANORS, FL 33311		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>1400 East Oakland Park Blvd</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Suite #210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Oakland Park, Florida 33334</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Change Addition	NAME	1400 East Oakland Park Blvd	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	Suite #210		CITY-ST-ZIP	Oakland Park, Florida 33334	<input type="checkbox"/> <input type="checkbox"/>
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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: <u>Susan Halpin</u> SUSAN HALPIN 4/16/08 954 563 8953 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													