FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90042 032 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057366

1. Entity Name
210 LLC

60039369

04232008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
C/O GEORGE GREENBERG 110 RUSSLYN DRIVE WEST PALM BEACH, FL 33405	C/O GEORGE GREENBERG 110 RUSSLYN DRIVE WEST PALM BEACH, FL 33405

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Penny Murphy	c/o Penny Murphy
Suite, Apt. #, etc. 7653 Edgewater Drive	Suite, Apt. #, etc. 7653 Edgewater Drive
City & State West Palm Beach FL	City & State West Palm Beach, FL
Zip 33406 Country USA	Zip 33406 Country USA

4. FEI Number 59-3780040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENBERG, GEORGE 110 RUSSLYN DRIVE WEST PALM BEACH, FL 33405	Name Penny Murphy Street Address (P.O. Box Number is Not Acceptable) 7653 Edgewater Drive City West Palm Beach FL Zip Code 33406

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 X Penny C Murphy 5-01-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENBERG, GEORGE 110 RUSSLYN DRIVE WEST PALM BEACH, FL 33405	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Penny Murphy 7653 Edgewater Drive West Palm Beach, FL 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Penny C Murphy 5-01-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FROM : Gary A Bucholtz CPA FAX NO. : 1-941-951-1592 May. 01 2008 03:01PM P2