

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

04-24-2008 90022 044 ***138.75

DOCUMENT # L03000057403

1. Entity Name
331 SOUTH COUNTY ROAD, LLC



Principal Place of Business
331 SOUTH COUNTY RD
PALM BEACH, FL 33480

Mailing Address
222 LAKEVIEW AVENUE
PH 5
WEST PALM BEACH, FL 33401

30007637



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0104068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KOEPEL, JOEL P
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRISON, CARLOS G
STREET ADDRESS	222 LAKEVIEW AVENUE, PH5
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	MORRISON, THOMAS
STREET ADDRESS	222 LAKEVIEW AVE PH5
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

5-21-08