

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001047

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CABANA ON COLLINS, L.L.C.

**Current Principal Place of Business:**

5996 SOUTHWEST 70TH STREET  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5996 SOUTHWEST 70TH STREET  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 01-0804086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISINGER, DENNIS J  
4000 HOLLYWOOD BOULEVARD STE. 265-S  
HOLLYWOOD, FL 33021 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: MGR ( ) Delete  
Name: BSG DEVELOPMENT CORP,  
Address: 420 LINCOLN ROAD STE. 448  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: SIEGER, CHARLES  
Address: 5996 SW 70 STREET  
City-St-Zip: MIAMI, FL 33143

Title: VP ( ) Delete  
Name: JOSE, SUAREZ  
Address: 5996 SW 70 STREET  
City-St-Zip: MIAMI, FL 33143

**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:

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: CHARLES SIEGER

VP

04/30/2008

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