7416 SW 48 ST

MIAMI, FL 33155

SIGNATURE:

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000001288 1. Entity Name STANTON-PENDER OF FLAGLER VILLAGE I, LLC Principal Place of Business 7416 SW 48 ST MIAMI, FL 33155 US Mailing Address 7416 SW 48 ST MIAMI, FL 33155 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent LEVY, SAUL

FILED Apr 14, 2008 08:00 Al Secretary of State



01232008 No Chg-LLC

CR2E083 (12/07)

305.662.8660

Daytime Phone #

4. FEI Number			Applied For
81-0640623			Not Applicable
5. Certificate of Status Desired	15	\$5.00 Fee Req	Additional uired

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 it applicable	(NOTE Registered Agent signature required when reinstating) DATE		
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	H00000898069		
TITLE	MGR	04/25708-80074-007-143175		
NAME	STANTON-PENDER DEVELOPMENT GROUP, LLC			
STREET ADDRESS CITY-ST-ZIP	7416 SW 48 ST MIAMI, FL 33155			
TITLE	(HINTER), 1 E 00 100			
NAME				
STREET ADDRESS	_			
CITY-ST-ZIP	<u> </u>			
TITLE		The second secon		
NAME STREET ADDRESS				
CITY-ST-ZIP		DO NOT WRITE		
TITLE	· · · · · · · · · · · · · · · · · · ·	IN THIS SPACE		
NAME		The state of the s		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		The state of the s		
NAME				
STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with this filling doce not a	ralify for the examptions contained in Chapter 110. Floride Statutes, Literature and the that the literature		
11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE