

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90109 032 \*\*\*138.75

**DOCUMENT # L04000019098**

1. Entity Name  
2003 LA PERLA, LLC



Principal Place of Business  
2999 N.E. 191ST ST  
STE 900  
AVENTURA, FL 33180

Mailing Address  
2999 N.E. 191ST ST  
STE 900  
AVENTURA, FL 33180

**50003343**



2. Principal Place of Business - No P.O. Box #  
2750 NE 185th Street

3. Mailing Address  
2750 NE 185th Street

Suite, Apt. #, etc.  
2nd Floor

Suite, Apt. #, etc.  
2nd Floor

03062008 Chg-LLC CR2E083 (12/06)

City & State  
Aventura, FL

City & State  
Aventura, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
33180

Country

Zip  
33180

Country

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

6. Name and Address of Current Registered Agent

ADAM R. SCHIFFMAN, ESQ  
2999 N.E. 191ST ST. STE 900  
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name  
Schiffman, Adam R.

Street Address (P.O. Box Number is Not Acceptable)  
2750 NE 185th Street

2nd Floor

City  
Aventura

FL

Zip Code  
33180

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**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LIEBMAN, ALEXANDER  
5243 YARMOUTH AVE. #29  
ENCINO, CA 91316 ☐ 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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.18.08

Date

Daytime Phone #