

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000030847  
 1. Entity Name  
 XANADU PROPERTIES, LLC



Principal Place of Business      Mailing Address  
 2534 S.W. 6TH STREET      2534 S.W. 6TH STREET  
 MIAMI, FL 33135      MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
 26-2198283      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CRISONINO, RICHARD A  
 2534 S.W. 6TH STREET  
 MIAMI, FL 33135

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000904835  
 05/01/08-00020-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CRISONINO, RICHARD A
STREET ADDRESS	2534 S.W. 6TH STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Richard A. Crisonino*      RICHARD A. CRISONINO MGRM      4-15-08      305-541-4040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #