


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90174 007 ***138.75

DOCUMENT # L04000047310	
1. Entity Name LADIES AND GENTLEMEN, LLC	

Principal Place of Business 200 SOUTH BISCAYNE BOULEVARD SUITE 2930 MIAMI, FL 33131 US	Mailing Address 200 SOUTH BISCAYNE BOULEVARD SUITE 2930 MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

001758



03122008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent WALKER, H. WILLIAM JR. 200 S. BISCAYNE BOULEVARD SUITE 4900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name MICHAEL MERMELSTEIN Street Address (P.O. Box Number is Not Acceptable) 3211 PONCE DE LEON BLVD. # 305 City CORAL GABLES FL Zip Code 33134	
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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 *Michael Mermelstein* DATE 3/24/08

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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAQUER, EDIE 200 S. BISCAYNE BLVD., SUITE 2930 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *[Signature]* DATE 03-17-08 (305) 374-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #