2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

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Entity Name: TOSSED OF FORT LAUDERDALE, LLC

Current Principal Place of Business:

11290 LEGACY AVENUE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

401 EAST LAS OLAS BLVD., SUITE 1500
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-1341559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHODASH, JASON
401 EAST LAS OLAS BLVD., SUITE 1500
FT. LAUDERDALE, FL 33301 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:	MGRM	( ) Delete
Name:	CHODASH, JASON	
Address:	411 N. NEW RIVER DRIVE EAST UNIT 2806	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	MGRM	( ) Delete
Name:	COHEN, ADAM	
Address:	64 THOMPSON STREET, APT. 16	
City-St-Zip:	NEW YORK, NY 10012	
Title:	MGRM	( ) Delete
Name:	CHODASH, BRIAN	
Address:	411 N NEW RIVER DRIVE EAST UNIT 2806	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

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: JASON CHODASH MGRM 04/10/2008

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