

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052360

FILED
Mar 26, 2008
Secretary of State

Entity Name: 329 NOKOMIS AVENUE SOUTH SUITE J, LLC

Current Principal Place of Business:

2477 STICKNEY POINT ROAD STE. 303B
SARASOTA, FL 34231

New Principal Place of Business:

2477 STICKNEY POINT ROAD
SUITE 303B
SARASOTA, FL 34231

Current Mailing Address:

2477 STICKNEY POINT ROAD STE. 303B
SARASOTA, FL 34231

New Mailing Address:

2477 STICKNEY POINT ROAD
SUITE 303B
SARASOTA, FL 34231

FEI Number: 20-1562190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, JONATHAN R
9360 SUNSET DRIVE STE. 220
MIAMI, FL 33173 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: RUBIN, FERNE S
Address: 2477 STICKNEY POINT ROAD STE. 303B
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: RUBIN, JONATHAN R
Address: 9360 SUNSET DRIVE STE. 220
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUBIN, FERNE S
Address: 2477 STICKNEY POINT ROAD STE. 303B
City-St-Zip: SARASOTA, FL 34231

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: FERNE S. RUBIN

MS.

03/26/2008

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