

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054382

Entity Name: 8261 SW 128 ST, LLC

FILED  
May 31, 2007  
Secretary of State

**Current Principal Place of Business:**

15445 SW 85TH AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15445 SW 85TH AVENUE  
MIAMI, FL 33157

**New Mailing Address:**

8205 SW 63 CT  
MIAMI, FL 33143

FEI Number: 43-2109794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OSIASON, LEE J  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

OSIASON, LEE J  
10642 SW 77 AVE  
MIAMI, FL 33156    US

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

05/31/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:           WILLIAMS, FRANKLYN  
Address:        15445 SW 85TH AVENUE  
City-St-Zip:   MIAMI, FL 33157

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:           WILLIAMS, FRANKLYN  
Address:        8205 SW 63 CT  
City-St-Zip:   MIAMI, FL 33143

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: FRANKLYN M WILLIAMS

MGR

05/31/2007

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