2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

DOCUMENT # 104000056934

1. Entity Name

SIGNATURE:

21909-101 WOODS, LLC



FILED Mar 19, 2008 08:00 A Secretary of State

954-917-1998 Daylore Phone #

Principal Place of Business		Mailing Address				
3860 N. POWERLINE ROAD STE. 200 POMPANO BEACH FL 33073		3860 N. POWERLINE ROAD STE. 200 POMPANO BEACH FL 33073				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		I IUBATANI DIN BONK DIBNI BOATA DANIN DANIK BATAN ANNIA DANIB IIDIGA ININ		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/07)		
City & State		City & State		20 1462220	Applied For Not Applicable	
Zíp	Country	Z _i p	Country	5. Certificate of Status Desired See Requi		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KAHN, JEFFREY B ESQ			Name Street Address (P.O. Box Number is Not Acceptable)			
COP	0 ÚNIVERSITY DRIVE STE. RAL SPRINGS FL 33065	/11	5000174,0134			
			City	FL ZpCc	de	
	named entity submits this statement fo ions of registered agent.	the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with	n, and accept	
SIGNATURE Signature, speed or protect name of registered agents had the flexibilities (NOTE Regis			. LEVY Registance Agent signature requi	3-12-08 ecd wich ichartaing) DATE		
		FILE NO\ After May 1, 2 Make Check Payable	W!!! FEE IS \$138.7 008, Fee Will Be \$5 e to Florida Departm	38.75		
9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGRM PROVEST REAL ESTATE HOLDING 3860 NORTH POWERLINE ROAD (POMPANO BEACH FL 33073		HITLE NAME STHEET ADDRESS CITY-ST-Z:P	□ Change U00000864118 04/03/08-80118-024 13:	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TOTLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIPLET ADDRESS CITY-SI-ZiP	☐ Change	☐ Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have.	the same legal effect as	ned in Section 119, Florida Statutes. I further certify that the s if made under oath; that I am a managing member or ma- napter 608, Florida Statutes.	information nager of the	

JRE: MARK LEVY
SIGNATURE AND TYPED OR PRINTED, NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE