2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000061046

Entity Name: 110 LLC

Current Principal Place of Business:

848 BRICKELL KEY DR.
SUITE 803
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

848 BRICKELL KEY DR.
SUITE 803
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1510040   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

STULLENBERG, VIRGINIA M P.A.
848 BRICKELL KEY DRIVE
SUITE 803
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

VIRGINIA M. STULLENBERG, PA
848 BRICKELL KEY DRIVE
SUITE 803
MIAMI, FL 33131 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: VIRGINIA M. COSTA-STULLENBERG   04/30/2008
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGR   ( ) Delete
Name: COSTA, VIRGINIA
Address: 3462 N. MOORINGS WAY
City-St-Zip: MIAMI, FL 33131

Title: MGR   ( ) Delete
Name: COSTA-STULLENBERG, VIRGINIA M ESQUIRE
Address: 848 BRICKELL KEY DRIVE, #803
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR   (X) Change ( ) Addition
Name: COSTA-STULLENBERG, VIRGINIA M ESQ
Address: 848 BRICKELL KEY DRIVE, #803
City-St-Zip: MIAMI, FL 33131

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: VIRGINIA M. COSTA-STULLENBERG   MGR   04/30/2008
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date