

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 015 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000075513 1. Entity Name ST. CLOUD SQUARE, L.L.C.			
Principal Place of Business 4039-4077 13TH STREET ST. CLOUD, FL 34769		Mailing Address 8009 CREFELD STREET PHILADELPHIA, PA 19118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>PO Box 27404</i>	
City & State		City & State <i>Philadelphia, PA</i>	
Zip	Country	Zip <i>19118</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent ROUSSO, MARK ESQ. 18851 N.E. 29TH AVE. SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name <i>Alex Alexanian</i> Street Address (P.O. Box Number is Not Acceptable) <i>3440 S. Ocean Blvd 204N</i> City <i>Palm Beach</i> FL Zip Code <i>33480</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Alex Alexanian</i> DATE <i>2/22/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCSF CORP 8009 CREFELD STREET PHILADELPHIA, PA 19118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Diana Alexanian</i> <i>8203 St Martins Lane</i> <i>Philadelphia, PA 19118</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Diana Alexanian</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>2/22/08</i> Daytime Phone # <i>215 2875290</i>	

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