

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084793

Entity Name: 3700 SW 28 STREET LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

6915 RED ROAD
SUITE 215-A
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

6915 RED ROAD
SUITE 215-A
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 20-1917586 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:

ALAM, TONI H
6915 RED ROAD
215-A
CORAL GABLES, FL 33143 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: ALAM, TONI H
Address: 12005 SW 100 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: PACIFIC CABLE TELEVI, SION, INC. & S U BS
Address: 2600 DOUGLAS ROAD, SUITE 1004
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PACIFIC CABLE TELEVI, SION, INC. & S U BS
Address: 396 ALHAMBRA CIR STE 100
City-St-Zip: CORAL GABLES, FL 33134

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: TONI H ALAM

MGRM

05/01/2008

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