

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086232

Entity Name: 955 SAHARA AVENUE, LLC

FILED  
Jan 04, 2008  
Secretary of State

## Current Principal Place of Business:

1691 MICHIGAN AVE.  
SUITE 320  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

1691 MICHIGAN AVE.  
SUITE 320  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 20-3201786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, JAY P  
1691 MICHIGAN AVE.  
320  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

JAY PHILLIP PARKER, P.A.  
1691 MICHIGAN AVE.  
320  
MIAMI BEACH, FL 33139 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: JAY PHILLIP PARKER

01/04/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CLV PROPERTIES LLC,  
Address: 1691 MICHIGAN AVE. SUITE 320  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: JLV PROPERTIES LLC,  
Address: 1691 MICHIGAN AVE. SUITE 320  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

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

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

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: JAY PHILLIP PARKER

RA

01/04/2008

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