2006 6.00 am

	2008 LIMITED LIABILITY COMPANY ANNUAL REPORT					Secretary of State			
2200 HOLLWOOD RIVE CONTINUED CONTINU	1. Entity Name				The state of the s				
Suin April	2200 HOLLYWOOD BLVD C/O CHAIM GIDALI		2200 HOLLYWOOD BLVD C/O CHAIM GIDALI HOLLYWOOD, FL 33020 US						
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SUMPLY ISLES BEACH FL SUMNY ISLES BEACH FL 20-1973174	# 108		# 108						
S. Semination of Status Desired S. Name and Address of Current Registered Agent VASSERSTROM, KEITH 1909 TYLER STREET PENTHOUSE HOLLTYWOOD, FL 33020 City City City City City FL Zip Code FL			SUNNY ISLES BEACH, FL		FL 20-19		├		
NASSERSTROM, KEITH 1909 TYLER STREET PENTHOUSE HOLLYWOOD, FL 33020 City FL ZD Code City F		60 US	33 160	Country US	5. Certificat	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent	Name					
## City FL 33020 City FL Zip Code	1909 TYLER STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature Signature									
THE NOWITH-FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Second Control of the properties agent and rife if applicable. INCTE Regulative Agent agent are remainted. DATE						FL Zip Code			
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11. I hereby certify that the information supplied with this tiling 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 enhowards to execute this report as required by Chapter 608, Florida Statutes.

50010 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #