FILED Apr 12, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090999 1. Entity Name 8SW8801, LLC				04-12-2007 90181 050 ****50.00				
Principal Place of Business 12900 S.W. 89TH COURT MIAMI, FL 33176		Mailing Address 12900 S.W. 89TH COURT MIAMI, FL 33176		60035451				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	PPLICABLE		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent				
FIELDSTONE, RONALD R								
201 ALHAI	MBRA CIRCLE, SUITE 601 ABLES, FL 33134		Street Address (P.O. Box		per is Not Acceptable	e) 		
			City			FL Zip Code		
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.				ered agent, or be	oth, in the State of Flo	<u></u>	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, ROLAND JR 12900 SW 89TH CRT MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		··· · · · · · · · · · · · · · · · · ·	☐ Change	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 deceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROUND CAND GASCA TR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3052343015

Daytime Phone #