## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000092834

1. Entity Name

1901 OKEECHOBEE BOULEVARD LLC



Principal Place of Business

3450 NORTHLAKE BLVD

SUITE 210 PALM BEACH GARDENS, FL 33403

211 8

Mailing Address

3450 NORTHLAKE BLVD

**SUITE 210** 

PALM BEACH GARDENS, FL 33403

US

## FILED Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90202 005 \*\*\*138.75



03062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2042427

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, MICHAEL J ESQ 1800 SECOND ST SUITE 808 SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

the obligations of registered agent.

DO	NOT	WRITE
·IN	THIS	SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILI After Ma	E NOW!!! FEE IS \$138.75 ý 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		Section 1997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSINSKY, MATHIEU 3450 NORTHLAKE BLVD SUITE 210 PALM BEACH GARDENS, FL 33403		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO N	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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

11. I hereby certify that the information supplied with this filling 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: 1 Mathieu 2051 MSKy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/08

561-626-6087 Daytme Phone #