2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000000850

1. Entity Name

4861 NORTH DIXIE HIGHWAY, LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

4700 NW BOCA RATON BLVD

SUITE 101

BOCA RATON, FL 33431-4860

Mailing Address

4700 NW BOCA RATON BLVD

SUITE 101

BOCA RATON, FL 33431-4860



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2152918		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSKIN, SIDNEY M 4700 NW BOCA RATON BLVD SUITE 101 BOCA RATON, FL 33431-4860

DO NOT WRITE

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 the obligations of registered agent							
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE				
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS	the state of the s					
TITLE	MGRM						
NAME	MOSKIN, SIDNEY						
STREET ADDRESS	4700 NW BOCA RATON BLVD SUITE 101	- And					
CITY-ST-ZIP	BOCA RATON, FL 334314860		Noonononeraa (*				

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

.05/21/08-80113-010 143.79

DO NOT WRITE IN THIS SPACE

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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Sidny K. Mas A T. N. 674 / 16/08

501-291-950-

Daytime Phone #