## **2008 LIMITED LIABILITY COMPANY FILED ANNUAL REPORT** Feb 21, 2008 08:00 All Secretary of State **DOCUMENT # L05000016613** NW 11TH PLACE, LLC Mailing Address Principal Place of Business 262 S FIG TREE LANE 262 S FIG TREE LANE PLANTATION, FL 33317 US PLANTATION, FL 33317 US BEILD Gine Gaus Bom Gons Bour infil Bind dint waad indi in 1901 ROME AND THE TOTAL CONTRACTOR OF THE C CR2E083 (12/07) 02102008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4 FFI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARRY S. SCHINDER, P.A. DO NOT WRITE 1909 TYLER STREET **PENTHOUSE** IN THIS SPACE HOLLYWOOD, FL 33020 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. чинан жа жилай не расшой дайно от годиналас адрые ада нир и анджертей. ten 114 - teachetatara aliant militatina cachinaa maan amaquindik \*\*\*\* FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000834576 02/28/08-80059-007 138.75 MANAGING MEMBERS/MANAGERS MGRM HILL SIMONS, JANE F STREET ADDRESS 202 SIFIC TREE LANE PLANTATION, FL 33317 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE Citr St 40

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:

Cane

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

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

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