

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026110

FILED
Apr 21, 2008
Secretary of State

Entity Name: FLORIDA PENINSULA HOLDINGS, LLC

Current Principal Place of Business:

621 N.W. 53RD STREET
SUITE 125
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

621 N.W. 53RD STREET
SUITE 125
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 25-1919210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIULIANTI, STACEY A
621 N.W. 53RD STREET
SUITE 125
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: ADKINS, PAUL M MANAGER
Address: 18743 LONG LAKE DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MR. () Delete
Name: CANTOR, GARY A MANAGER
Address: 7 OCEAN HARBOUR CIRCLE
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: MR. () Delete
Name: STRAUCH, CLINT B MANAGER
Address: 3380 N. 41 COURT
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACEY A. GIULIANTI, ESQ.

SEC

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date