## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000026175

Entity Name: 3167 OHIO STREET, LLC

FILED Mar 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 GROVE ISLE DR. #1508 7638 SW 54 AVE COCONUT GROVE, FL 33133 US MIAMI, FL 33143 US

Current Mailing Address: New Mailing Address:

2 GROVE ISLE DR. #1508 PO BOX 347410

COCONUT GROVE, FL 33133 US CORAL GABLES, FL 33234 US

FEI Number: 20-2658584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MINTZ, LAWRENCE
2 GROVE ISLE DRIVE
1508

MINTZ, LAWRENCE
7638 SW 54 AVE
MIAMI, FL 33143 US

COCONUT GROVE, FL 33133 US

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: LAWRENCE MINTZ 03/21/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 MINTZ, LAWRENCE
 Name:
 MINTZ, LAWRENCE

 Address:
 2 GROVE ISLE DRIVE #1508
 Address:
 7638 SW 54 AVE

 City-St-Zip:
 COCONUT GROVE, FL 33133 US
 City-St-Zip:
 MIAMI, FL 33143 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: CAMPBELL, MELISSA Name: CAMPBELL, MELISSA Address: 2 GROVE ISLE DRIVE #1508 Address: 7638 SW 54 AVE.

Address: 2 GROVE ISLE DRIVE #1508 Address: 7638 SW 54 AVE.
City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: MIAMI, FL 33143 US

 Title:
 MGRM
 ( ) Delete
 Title:
 MGRM
 ( X) Change ( ) Addition

 Name:
 FAMILY PROPERTIES PA, RTNERSHIP
 Name:
 FAMILY PROPERTIES PA, RTNERSHIP

Address: 2 GROVE ISLE DRIVE #1508 Address: P.O.BOX 347410

City-St-Zip: COCONUT GROVE, FL 33133 US City-St-Zip: CORAL GABLES, FL 33234 US

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: LAWRENCE MINTZ PRES 03/21/2008