2008 LIMITED LIABILITY COMPANY

Mar 03, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L05000026333** 01-24-2008 90066 041 ***138.75 WESTON COMMERCIAL CENTER 1. LLC Principal Place of Business Mailting Address 2950 GLADES CIRCLE, STE. 1 2950 GLADES CIRCLE, STE. 1 SUUUTAIA WESTON, FL 33327 WESTON, FL 33327 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3024389 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **FURNARI, FRANCESCO** DO NOT WRITE 2950 GLADES CIRCLE, SUITE 1 WESTON, FL 33327 IN THIS SPACE 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. Signifians, typed or printed name of registered agent and title if applicable (NOTE: Received Agent signstage required when reposit DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. IIITE FURNARI, FRANCESCO NAME STREET ADDRESS 2950 GLADES CIRCLE, STE. 1 CITY-ST-ZIP WESTON, FL 33327 TITLE MAG STREET ACCRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CHY-ST-ZP MLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-51-20P TITLE MALE STREET ADDRESS CITY-57-219 11. I hereby certify that the information supplied with this lifting does not qualify tor 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:

SE-OR AUTHORIZED REPRESENTATIVE

FILED

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