2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000029304

1. Entity Name 308 NORTHLAKE, LLC



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

1029 N. FLORIDA MANGO ROAD, BAY #7 WEST PALM BEACH, FL 33409 Mailing Address

1029 N. FLORIDA MANGO ROAD, BAY #7 WEST PALM BEACH, FL 33409



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2569441

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SCHAEFER, CYNTHIA J 1029 N. FLORIDA MANGO ROAD, BAY #7 WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

8.	. The above named entity submits this statement for the purpose of changing its registered office or re	gistered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		
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SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

- มีเกิดกลักจา **รักโ**กก

05/07/08-80102-014 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
Π₹LE	MGRM	
NAME	PROPERTY TENDERS LLC	
STREET ADDRESS	1029 N. FLORIDA MANGO ROAD, BAY #7	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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TITLE .		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11 I hereby certify that the information supplied with this filling does not qualify for the o		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytima Phone #