2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000041374

1. Entity Name 1112, L.L.C.



FILED
Mar 24, 2008 08:00 A
Secretary of State

Principal Place of Business

1000 BRICKELL AVE., SUITE 1112 MIAMI, FL 33131

Mailing Address

1000 BRICKELL AVE., SUITE 1112. MIAMI, FL 33131



01032008 No Chg-LLC

liths does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information try lignature shall have the same legal effect as if made under oath, that I am a managing member or manager of the together this report as required by Chapter 608, Florida Statutes.

CR2E083 (12/07)

Daytime Phone #

4. FEI Number	 Applied For
20-2850107	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SACHER, CHARLES P 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134

the obligations of registered agent.

11. I hereby certify that the information indicated on this report is true and limited liability company or the peculiarity compa

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating) DATE		
FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATCHEN, BRIAN P 1000 BRICKELL AVE., SUITE 1112 MIAMI, FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		00000868562 04/09/08-80013-025 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Is .	DO NOT WRITE	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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