2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # L05000045152 1. Entity Name 08 MAR 21 AH 11: 50 2660 2ND LLC TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 215 N. FEDERAL HIGHWAY SUITE 1 215 N. FEDERAL HIGHWAY SUITE 1 BOCA RATON, FL 33432 BOCA RATON, FL 33432 03052008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BATMASIAN, JAMES DO NOT WRITE 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstailing) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BATMASIAN, JAMES NAME 500120970565 03/24/08--01002--003 **5456.25 STREET ADDRESS 215 N FEDERAL HWY CITY-ST-ZIP BOCA RATON, FL 33432 TITEF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHTY-ST-ZIP liec with this liling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company or the rece

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #