

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045499

Entity Name: 1201 SW 8TH STREET, LLC

FILED  
Apr 08, 2008  
Secretary of State

**Current Principal Place of Business:**

1201 SW 8TH STREET  
MIAMI, FL 33135

**New Principal Place of Business:**

2136 NW 1 AVE  
MIAMI, FL 33127

**Current Mailing Address:**

P.O. BOX 2223  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 42-1693486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANTHONY S. ADELSON, P.A.  
2100 EAST HALLANDALE BEACH BLVD.  
SUITE 400  
HALLANDALE BEACH, FL 33009 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GREEN, ADRIAN  
Address: 3120 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, F; 33140

Title: MGRM ( ) Delete  
Name: BARROUKH, YVES  
Address: 5696 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GREEN, ADRIAN  
Address: 460 W 43 ST  
City-St-Zip: MIAMI BEACH, F; 33140

Title: MGRM (X) Change ( ) Addition  
Name: BARROUKH, YVES  
Address: 460 W 43 ST  
City-St-Zip: MIAMI BEACH, FL 33140

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: ADRIAN GREEN

MGM

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date