


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000047673</b>	
1. Entity Name 2401 PEMBROKE ROAD, LLC	

Principal Place of Business 500 BAYVIEW DR., SUITE 430 SUNNY ISLES, FL 33160	Mailing Address P.O. BOX 601052 MIAMI, FL 33160
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**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-2872520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SIAMA, SHLOMO  
500 BAYVIEW DR., SUITE 430  
SUNNY ISLES, FL 33160

**DO NOT WRITE  
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 \_\_\_\_\_  
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**

100000885925  
04/15/08-80035-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARON, MARILYN P.O. BOX 7058 HOLLYWOOD, FL 33081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPERLING, BENJIE P.O. BOX 7058 HOLLYWOOD, FL 33081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIAMA, SHLOMO P.O. BOX 601052 NORTH MIAMI BEACH, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Shlomo Siama R.A. [Signature]      4/4/08      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #