


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000060876 1. Entity Name 822 S. COUNTY LLC	
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Principal Place of Business 1107 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401	Mailing Address 1107 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



02072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1750473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BYRD, WADE R 350 ROYAL PALMWAY, SUITE 409 PALM BEACH, FL 33480

**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

U000000821843
02/19/08-80043-011 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIAS, WILLIAM D 1107 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401
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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:  **WILLIAM D. ELIAS** **2/8/2008** **561-655-9393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #