## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE

## Mar 01, 2007 8:00 am Secretary of State DOCUMENT # L05000061829 1. Entity Name 03-01-2007 90193 001 \*\*\*\*50.00 ANDAST HOLDINGS, LLC Principal Place of Business Mailing Address 6131 LYONS ROAD 6131 LYONS ROAD SUITE 200 COCONUT CREEK FL 33073 SUITE 200 COCONUT CREEK FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 20-3078822 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) 4901 NORTHWEST 17TH WAY, SUITE 504 FORT LAUDERDALE FL 33309 City Zip Code 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 reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES mu MGR ☐ Defete X Change ☐ Addition NAME ZUCKERMAN, ANDREW 6131 Lyons Road #200 STREET ADDRESS STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610 Coconut Creek, Fl. 33073 CHY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE MGR ☐ Delete T Change ☐ Addition NAME ZUCKERMAN, DAVID 6131 Lyons Road #200 STREET ADDRESS STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610 Coconut Creek, Fl. 33073 CITY-ST-ZIP CITY-ST-7# CORAL SPRINGS FL 33065 Change IIILE MGR ☐ Delele TITLE ☐ Addition NAME ZUCKERMAN, STEVE NAME STREET ADDRESS 6131 Lyons Road #200 STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610 CITY - ST - ZIF CITY-ST-ZIP **CORAL SPRINGS FL 33065** Coconut Creek, Fl. 33073 THE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete шш ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or truetee empowered to execute this roport as required by Chapter 608, Florida Statutes.

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED