

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90374 030 \*\*\*\*50.00

**60038971**



04202007 Chg-LLC CR2E083 (12/06)

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L05000068366</b><br>1. Entity Name<br><b>8A COURTYARD PROPERTIES, LLC</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>1961 NW 150 AVENUE, #201<br/>PEMBROKE PINES, FL 33028</b>  |  |   | Mailing Address<br><b>1961 NW 150 AVENUE, #201<br/>PEMBROKE PINES, FL 33028</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   | 4. FEI Number<br><b>25-1922042</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |  |
| City & State   |  | City & State                                  |   |   |  |
| Zip  | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>OCOHOA, GEORGE<br/>1851 NW 125 AVENUE, #312<br/>PEMBROKE PINES, FL 33028</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Ochoa, GEORGE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1961 NW 150th Ave. S-201</b><br>City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33028</b> |  |
| 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.<br>SIGNATURE <b>George Ochoa</b> DATE <b>4-20-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |   | <b>Make check payable to<br/>Florida Department of State</b>                    |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>OCHOA, GEORGE<br>1851 NW 125 AVENUE, #312<br>PEMBROKE PINES, FL 33028 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | MGR<br>OCHOA, GEORGE<br>1961 NW 150th Ave. S-201<br>Pembroke Pines, FL 33028  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BONZANO, JUAN CARLOS<br>954 WINDWARD WAY<br>WESTON, FL 33327         | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | MGRM<br>BONZANO, JUAN CARLOS<br>1961 NW 150th Ave. S-201<br>Pembroke Pines, FL 33028  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>RIPOL, MIGUEL<br>4318 LAUREL RIDGE CIRCLE<br>WESTON, FL 33331        | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | MGRM<br>RIPOL, MIGUEL<br>1961 NW 150th Ave. S-201<br>Pembroke Pines, FL 33028   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <b>George Ochoa</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   | Date <b>4-20-07</b> Daytime Phone # <b>954-499-5552</b>                         |   |  |