2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000068366

1. Entity Name
8A COURTYARD PROPERTIES, LLC

Principal Place of Business	Mailing Address
1961 NW 150 AVENUE, #201 PEMBROKE PINES, FL 33028	1961 NW 150 AVENUE, #201 PEMBROKE PINES, FL 33028

04242008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1922042

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OCOHOA, GEORGE
1961 NW 150TH AVE S-201
PEMBROKE PINES, FL 33028

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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

U00000927269
05/20/08-80100-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OCHOA, GEORGE
STREET ADDRESS	1961 NW 150TH AVE S-201
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGRM
NAME	BONZANO, JUAN CARLOS
STREET ADDRESS	1961 NW 150TH AVE S-201
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	MGRM
NAME	RIPOL, MIGUEL
STREET ADDRESS	1961 NW 150TH AVE S-201
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 4/24/08 954-682-2923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #