2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# L05000069010

Entity Name: 90 ALMERIA, LLC

Current Principal Place of Business:

90 ALMERIA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

90 ALMERIA AVENUE SUITE 204
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3376790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G ESQ PA
218 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SHERMAN, THOMAS G ESQ PA
90 ALMERIA AVE
CORAL GABLES, FL 33134 US

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.

SIGNATURE: THOMAS SHERMAN 04/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NACHMAN, SETH
Address: 8500 S.W. 92ND STREET, SUITE 204
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete
Name: EBER, JILL
Address: 8500 S.W. 92ND STREET, SUITE 204
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NACHMAN, SETH
Address: 90 ALMERIA AVE SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition
Name: EBER, JILL
Address: 90 ALMERIA AVE SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SETH NACHMAN MM 04/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date