2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L05000075513

Entity Name: SCHORR, L.L.C.

Current Principal Place of Business:

2400 N. UNIVERSITY DRIVE, STE. 205
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

3537 BIMINI AVE
COOPER CITY, FL 33026

New Mailing Address:

21050 NE 38TH AVE
APT. 1802
AVENTURA, FL 33180

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

Name and Address of Current Registered Agent:

SCHORR, CARYN B
2400 N. UNIVERSITY DRIVE, STE. 205
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

SCHORR, CARYN B
21050 NE 38 AVE
APT 1802
AVENTURA, FL 33180 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: CARYN SCHORR 01/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHORR, CARYN B
Address: 2400 N. UNIVERSITY DRIVE, STE. 205
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MS (X) Change ( ) Addition
Name: SCHORR, CARYN B
Address: 21050 NE 38 AVE APT 1802
City-St-Zip: AVENTURA, FL 33180

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: CARYN SCHORR MS 01/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date