## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



Apr 18, 2008 8:00 am Secretary of State

**DOCUMENT # L05000079528** 04-18-2008 90149 035 \*\*\*138.75 1. Entity Name 550 WATER STREET, LLC 00004316 Principal Place of Business Mailing Address 777 BRICKELL AVE 777 BRICKELL AVE SUITE 808 SUITE 808 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FFI Number City & State 20-1875786 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cockrum **LOCKRUM**, LORETTA Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE SUITE 808 MIAMI, FL 33131 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR Addition TITLE Delete THUE ☐ Change SHERLON INVESTMENTS, LLC NAME NAME 777 BRICKELL AVE SUITE 808 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete ☐ Change ☐ Addition NAME 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

William 6, Urban II CFO 3-13-08 3053589807
NAGER OR AUTHORIZED REPRESENTATIVE Date Dayline Phone ?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Detete

☐ Change

☐ Addition