2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # L05000079651 1. Entity Name TALL TREES DEVELOPMENT LLC						04-30-20	008 90016	5 013 ***	*138.75
Principal Place of Business Mailing Address									
3389 SHERIDAN STREET, SUITE #174 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021						8718 1 8 7191 82 191 88191 8851	i es ili i scio ioni		
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State		4. FEI Numbe	<u> </u>	149		plied For t Applicable	
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Aç	jent	
COULOGREDO MINDY ECO				Name					
SCHLOSBERG, MINDY ESQ. 4241 CASPER COURT HOLLYWOOD, FL 33021				Street Address (P.O. Box Number is Not Acceptable)					
<u>.</u>			į						
1	·		City				FL	Zip Code	
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registere	ed office or register	red agent, or both	h, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	I Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check pay Departmen	-	•
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9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	RS/MANAGERS Delete	TITLE	i i		ADDITIONS/		☐ Change	Addition
TITLE NAME	MGRM BAKST HOLDINGS LLC	·	TITLE	:		ADDITIONS/		☐ Change	☐ Addition
TITLE	MGRM BAKST HOLDINGS LLC 19601 N.E. 19TH AVENUE	☐ Delete	TITLE NAME STREE	ET ADDRESS		ADDITIONS/		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKST HOLDINGS LLC	☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP		ADDITIONS/			
TITLE NAME STREET ADDRESS	MGRM BAKST HOLDINGS LLC 19601 N.E. 19TH AVENUE NORTH MIAMI BEACH, FL 3317	☐ Delete 79	TITLE NAME STREE	ET ADDRESS ST-ZIP		ADDITIONS/		☐ Change	Addition Addition
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Thereby certify that the information supplied with this modes not quality for the exemptions contained in Chapter 119, Frontal statutes. 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:
SIGNATURE AND TYPED OR PRINTED ROME OF SIGNING MEMBER, MANAGER, OR AND DORLOR REPRESENTATIVE

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