

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90065 018 ***138.75

60018825



03252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L0000083277	
1. Entity Name 39TH, L.L.C.	

Principal Place of Business 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065	Mailing Address 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # Suite, Apt. # 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	3. Mailing Address Suite, Apt. # 10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent PENNOCK, ANDREW A ESQ. 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name <u>PENNOCK, ANDREW A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>10101 W. SAMPLE ROAD</u> <u>CORAL SPRINGS, FL 33065</u> City <u>FL</u> Zip Code
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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 Andrew Pennock (NOTE: Registered Agent signature required when reinstating) DATE 3/26/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNOCK, ANDREW A 3300 UNIVERSITY DR 901 POMPANO BEACH, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <u>PENNOCK, ANDREW A.</u> <u>10101 W. SAMPLE ROAD</u> <u>CORAL SPRINGS, FL 33065</u> <input checked="" type="checkbox"/> Exchange <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andrew Pennock DATE 3/26/08 DAYTIME PHONE # 954-340-4051

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