## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 08, 2006 8:00 am Secretary of State DOCUMENT # L05000093448 05-08-2006 90040 042 \*\*\*\*50.00 608 EAST 8TH PLACE, LLC Principal Place of Business Mailing Address 450 E. LAS OLAS BLVD., SUITE 1500 450 E. LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E083 (11/05) Chg-LLC 4. FEI Number 20 - 3512728 City & State Applied For City & State 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 AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) LAS OLAS CENTRE SUITE 1600 350 E. LAS OLAS BLVD. FORT LAUDERDALE; FL 33301 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 the obligations of registered agent. 41, SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition A TITLE ☐ Delete TITLE cris V Brundan NAME 450 E Las Oles Blue, & 1500 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Addition TITLE ☐ Delete chard L Handley O E has Glas Blod, # 1500 NAME NAME STREET ADDRESS STREET ADDRESS adal FC 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change **A** ∆ddition TITLE Randy Aube 450 E cas blas Blud, & 1500 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Clatddition TITLE TITLE NAME NAME E Las Olas Blod, # 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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 path; that I am a managing member or manager of the

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

limited liability company or the

**SIGNATURE** 

uplie 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 for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Ωavlime Phone #

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