

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100322

Entity Name: LB 808 MIRAMAR LLC

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 5094  
FT. MYERS, FL 33932

## New Principal Place of Business:

808 MIRAMAR ST  
UNIT: OFFICE  
CAPE CORAL, FL 33904

## Current Mailing Address:

P.O. BOX 5094  
FT. MYERS, FL 33932

## New Mailing Address:

PO BOX 101669  
CAPE CORAL, FL 33910

FEI Number: 20-4043543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DR  
SUITE 350  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BETHKE, ANDREW W  
Address: P.O. BOX 5094  
City-St-Zip: FT. MYERS, FL 33932

Title: MGR ( ) Delete  
Name: BETHKE, WILLIAM J  
Address: P.O. BOX 5094  
City-St-Zip: FORT MYERS BEACH, FL 33932

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BETHKE, ANDREW  
Address: PO BOX 101669  
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR (X) Change ( ) Addition  
Name: BETHKE, WILLIAM  
Address: PO BOX 101669  
City-St-Zip: CAPE CORAL, FL 33910

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: ANDREW BEHKE

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date