

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103459

Entity Name: STANDARD HOLDINGS 131, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

4906 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

14282 CYPRESS ISLAND COURT
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4906 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Mailing Address:

14282 CYPRESS ISLAND COURT
PALM BEACH GARDENS, FL 33410

FEI Number: 20-3654210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIR, ALLAN C
14282 CYPRESS ISLES COURT
PALM BEACH GARDENS, FL 33410 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: MGRM () Delete
Name: EDWARDS, HUNT
Address: 4906 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM (X) Delete
Name: EDWARDS, KATHERINE M
Address: 4906 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIR, ALLAN
Address: 14282 CYPRESS ISLAND COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLAN C. BIR

MGRM

04/29/2008

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