


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90138 003 ***138.75

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L05000107334 | | | |  | |
| 1. Entity Name DEAN-GEORGIA, LLC | | | | | |
| Principal Place of Business 4740 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487 | | | Mailing Address 9100 SOUTH DADELAND BLVD SUITE 901 MIAMI, FL 33156 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 9100 S. DADELAND BLVD. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 1600 | | | |
| City & State | | City & State MIAMI, FL | | | |
| Zip | Country | Zip 33156 | Country USA | 4. FEI Number 20-3737320 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent TESCHER GUTTER CHAVOS JOSEPH ET AL 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent: signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRY DEAN TRUST 9100 S DADELAND BLVD SUITE 901 MIAMI, FL 33156 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARRY DEAN TRUST 9100 S. DADELAND BLVD., #1600 MIAMI, FLORIDA 33156 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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 | |
| 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 | |
| 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 <i>Harry Dean</i> | | | Date <i>2-29-08</i> Daytime Phone # <i>914-631-0702</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |