

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000109176

1. Entity Name
250 ABERDEEN LLC



Principal Place of Business

**5601 NORTH DIXIE HIGHWAY, SUITE 307
FORT LAUDERDALE, FL 33334**

Mailing Address

**5601 NORTH DIXIE HIGHWAY, SUITE 307
FORT LAUDERDALE, FL 33334**



03062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3847711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POWERS, DAVID J P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE 04/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TANEY, BARRY
5601 N DIXIE HWY STE 307
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HALPERIN, LARRY
5601 N DIXIE HWY STE 307
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ANAGNOSTE, SCOTT R
5601 N DIXIE HWY STE 307
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THOMPSON, W SCOTT
5601 N DIXIE HWY STE 307
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUBSAMEN, PATRICK
5601 N DIXIE HWY STE 307
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #