

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113455

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: LLL, L.L.C.

**Current Principal Place of Business:**

15851 SW 41ST STREET, SUITE 800  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 267035  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-4466337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HARDIN, DAVID C ESQ.  
500 EAST BROWARD BOULEVARD  
SUITE 1950  
FORT LAUDERDALE, FL 33394 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 (X) Delete  
Name: BOLUFE, KIM  
Address: 500 EAST BROWARD BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: P ( ) Delete  
Name: FIXEL, SUSAN  
Address: 15851 SW 41ST STREET, SUITE 800  
City-St-Zip: DAVIE, FL 33331

**ADDITIONS/CHANGES:**

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

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: SUSAN FIXEL

PRES

03/31/2009

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