2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000121125

1. Entity Name
8320 SCHOOLHOUSE, LLC

Principal Place of Business	Mailing Address
417 E. SHERIDAN STREET SUITE 129 DANIA BEACH, FL 33004	417 E. SHERIDAN STREET SUITE 129 DANIA BEACH, FL 33004

DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4092515	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SAGE SOLUTIONS, INC.
417 E. SHERIDAN STREET
SUITE 129
DANIA BEACH, FL 33004

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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 _____

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

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

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	DEL VALLE, MILLY
STREET ADDRESS	417 E. SHERIDAN STREET, SUITE 129
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	MGR
NAME	ECHEVARRIA, DANIEL
STREET ADDRESS	417 E. SHERIDAN STREET, SUITE 129
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/08--80004-004 138.75

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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: _Milly Del Valle_ MILLY DEL VALLE   1/15/08   9549277185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #