

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90068 030 ***138.75

DOCUMENT # L05000122039 1. Entity Name 6941 LIVINGSTON WOODS LANE, L.L.C.					
Principal Place of Business 2800 WILLIAMS ISLAND APT. 2901 AVENTURA, FL 33160			Mailing Address 2800 WILLIAMS ISLAND APT. 2901 AVENTURA, FL 33160		
2. Principal Place of Business - No P.O. Box # 16051 COLLINS AVENUE Suite, Apt. #, etc. APARTMENT 1904 City & State SUNNY ISLES BEACH, FL Zip 33160 Country USA		3. Mailing Address 16051 COLLINS AVENUE Suite, Apt. #, etc. APARTMENT 1904 City & State SUNNY ISLES BEACH, FL Zip 33160 Country USA			
01092008 Chg-LLC CR2E083 (12/06)				4. FEI Number 20-4109068	
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 MISHAAN, SUSAN 2800 WILLIAMS ISLAND APT. 2901 AVENTURA, FL 33160			7. Name and Address of New Registered Agent MISHAAN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 16051 COLLINS AVENUE APARTMENT 1904 City SUNNY ISLES BEACH FL Zip Code 33160		
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 <u>Susan Mishaan</u> DATE <u>1, 21, 08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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 MISHAAN, SUSAN 2800 WILLIAMS ISLAND APT 2901 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISHAAN, SUSAN 16051 COLLINS AVENUE, APARTMENT 1904 SUNNY ISLES BEACH, FL 33160	<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
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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: <u>Susan Mishaan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>1, 21, 08</u> <small>Date Daytime Phone #</small>		