2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122223

Entity Name: 4510 INVESTORS, LLC

1026 NORTH NORTHLAKE DRIVE

HOLLYWOOD, FL 33019 US

Address:

City-St-Zip:

FILED Jul 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4514 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 **Current Mailing Address: New Mailing Address:** 4514 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 US FEI Number: 87-0758198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASSALACQUA, JOHN 4514 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PASSALACQUA, JOHN Name: Name: Address: 4514 NORTH OCEAN DRIVE Address: City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SPECHLER, JAY Name: Address: 917 NORTH NORTHLAKE DRIVE Address: City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SUSSMAN, PAUL R Name: Name: 4201 NORTH OCEAN DRIVE #605 Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SPECHLER, BRENT Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN PASSALACQUA MGRM 07/11/2008