2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000002048



FILED Mar 07, 2008 8:00 am Secretary of State

PIER 44 PROPERTIES, LLC						03-07-2008 90223 027 ***138.75					
Principal Place of Business 5871 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 Mailing Address 5871 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228					11888811811181118		IL EBAH BUKIN KIN	II COIII FIZZI IEI	TTI M IKTI		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302008	Chg-LLC	CR2E08	33 (12/06)		
City & State			City & State			4. FEI Number 20-4065588			No	plied For t Applicable	
Zip	Country		Zip Countr		try	Fee			ee Required	`	
6. Name and Address of Current F						7. Name and Address of New Registered Agent					
					Name						
PALMER, CHARLES G 5871 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228					Street Address (P.O. Box Number is Not Acceptable)						
											
\$1.0			City					FL	Zip Code		
8. The above the obligat	named entitions of regist	ly submits this statement for tered agent.	the purpose of changing its	s register	ed office or registe	ered agent, or both	n, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title it applicable. (NO)	E: Registere	d Agent signalure require	d when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75											
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				10.	<u>.</u>			a Departme		e-	
After May		Fee will be \$538.75		10.			Florid	a Departme		e Addition	
After May	, 1, 2008	MANAGING MEMBE	RS/MANAGERS				Florid	a Departme	ent of State		
9.	MGR ALFORD	MANAGING MEMBE	RS/MANAGERS	TJTU NAM			Florid	a Departme	ent of State		
9. TITLE NAME	MGR ALFORD 5871 GU	MANAGING MEMBE . JOHN D	RS/MANAGERS	TITU NAM STRI	E		Florid	a Departme	ent of State		
9. TITLE NAME STREET ADDRESS	MGR ALFORD 5871 GU	MANAGING MEMBE . , JOHN D LF OF MEXICO DRIVE	RS/MANAGERS Delete	TITU NAM STRI	EET ADORESS ;- ST- ZIP		Florid	a Departme	ent of State		
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11. I hereby certify that the information supplied with this filling 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 TYPE

OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE