


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90120 027 ***138.75

DOCUMENT # L06000016446	
1. Entity Name EXHIBIT PROPERTIES, LLC	

Principal Place of Business 2061 SOUTHWEST 31ST AVENUE PEMBROKE PARK, FL 33009	Mailing Address 2061 SOUTHWEST 31ST AVENUE PEMBROKE PARK, FL 33009
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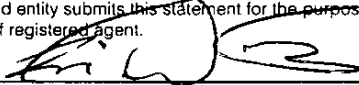
2. Principal Place of Business - No P.O. Box # 430 ANSIN BLVD.	3. Mailing Address 430 ANSIN BLVD.
Suite, Apt. #, etc. SUITE AA	Suite, Apt. #, etc. SUITE AA
City & State HALLANDALE FL	City & State HALLANDALE FL
Zip 33009	Country USA



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0579638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBERG, ERIC 2061 SOUTHWEST 31ST AVENUE PEMBROKE PARK, FL 33009	
7. Name and Address of New Registered Agent Name ERIC J. WEINBERG Street Address (P.O. Box Number is Not Acceptable) 430 ANSIN BLVD STE AA City HALLANDALE FL Zip Code 33009	

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  DATE _____

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINBERG, ERIC 2061 SOUTHWEST 31ST AVENUE PEMBROKE PARK, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	430 ANSIN BLVD. SUITE AA HALLANDALE FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LITSKY, WAYNE 2061 SOUTHWEST 31ST AVENUE PEMBROKE PARK, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	430 ANSIN BLVD. SUITE AA HALLANDALE FL 33009 <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
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
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
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:  1/17/08 (954) 963-0002

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