

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # L06000024187</b><br>1. Entity Name<br><b>AMBER GARDEN DEVELOPMENT, LLC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>2950 S.W. 27TH AVENUE, SUITE 200</b><br><b>MIAMI, FL 33133</b>   |  |  | Mailing Address<br><b>2950 S.W. 27TH AVENUE, SUITE 200</b><br><b>MIAMI, FL 33133</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |
| City & State<br><br>Zip                      Country   |  |  | City & State<br><br>Zip                      Country   |  |  |
| 4. FEI Number<br><b>20-4620520</b>   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCDONOUGH, BRIAN J</b><br><b>150 WEST FLAGLER STREET, 2200 MUSEUM TOWER</b><br><b>MIAMI, FL 33130</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____   |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>BOGGIO, LLOYD J</b><br><b>2950 SW 27TH AVENUE SUITE 200</b><br><b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000000851431</b><br><b>03/25/08-80039-008 143.75</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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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. |  |  |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |  |  |  |
| <small>Date</small>  |  |  |  | <small>Daytime Phone #</small>   |  |