2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State
05-09-2008 90063 002 ***138.75

30010060

02062008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000032673

1. Entity Name
21000 & 198, LLC

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BOULEVARD, SUITE 850 C/O WILLAM AARON, ESQUIRE MIAMI, FL 33131-4332	201 SOUTH BISCAYNE BOULEVARD, SUITE 850 C/O WILLAM AARON, ESQUIRE MIAMI, FL 33131-4332

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
MANUEL H. INSUA	MANUEL H. INSUA
Suite, Apt. #, etc. 11700 SW 72 AVE	Suite, Apt. #, etc. 11700 SW 72 AVE
City & State PINECREST FL	City & State PINECREST FL
Zip 33156 Country USA	Zip 33156 Country USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTTENMACHER, EDWARD P
7301 SW 57TH COURT, SUITE 560
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: MANUEL H. INSUA
Street Address (P.O. Box Number is Not Acceptable): 11700 SW 72 AVE
City: PINECREST FL Zip Code: 33156

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: Manuel H. Insua — DATE: 4-23-08
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MANNY OF SOUTH DADE, LLC 201 SOUTH BISCAYNE BOULEVARD, SUITE 850 MIAMI, FL 331314332 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MG-RM MANNY OF SOUTH DADE LLC 11700 SW 72 AVE PINECREST FL 33156 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Manuel H. Insua PRES. — 4-23-08 — 305 245-6929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #