

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041495

FILED
Mar 27, 2007
Secretary of State

Entity Name: LAMED TAX 29, LLC

Current Principal Place of Business:

18405 BISCAYNE BLVD., SUITE 400
AVENTURA, FL 33160

New Principal Place of Business:

18305 BISCAYNE BLVD.
SUITE 400
AVENTURA, FL 33160 US

Current Mailing Address:

C/O MLHM, INC.
DEPT 5193
BIRMINGHAM, AL 352875193

New Mailing Address:

C/O MLHM
PO BOX 102545
ATLANTA, GA 303682545 US

FEI Number: 51-0578116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, DEBORAH
999 BRICKELL BAY DRIVE, SUITE 1809
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MARKS, DEBORAH ESQ.
999 BRICKELL BAY DRIVE
SUITE 1809
MIAMI, FL 33131 US

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: DEBORAH MARKS

03/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AGRAMONTE, BEATRIZ
Address: 18305 BISCAYNE BLVD., SUITE 400
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AGRAMONTE, BEATRIZ
Address: 18305 BISCAYNE BLVD., SUITE 400
City-St-Zip: AVENTURA, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: BEATRIZ AGRAMONTE

MGRM

03/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date