

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041835

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: CHRONOS REAL ESTATE ADVISORS, LLC

**Current Principal Place of Business:**

3350 SW 148 AVE  
SUITE 110  
MIRAMAR, FL 33027

**New Principal Place of Business:**

9320 NW 10 STREET  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9320 N.W. 10TH STREET  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

9320 NW 10 STREET  
PEMBROKE PINES, FL 33024

FEI Number: 20-4811411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARILYN MARANTE  
9320 NW 10 STREET  
PEMBROKE PINES, FL FL US

**Name and Address of New Registered Agent:**

MARILYN MARANTE  
9320 NW 10 STREET  
PEMBROKE PINES, FL 33024 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:

03/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARANTE, MARILYN  
Address: 9320 N.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: STR ( ) Delete  
Name: MARANTE, MARILYN  
Address: 9320 N.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN MARANTE

MRS.

03/24/2008

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