

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045727

FILED
Feb 23, 2008
Secretary of State

Entity Name: TOBIAS PROPERTY, LLC

Current Principal Place of Business:

C/O JEFFREY A. TOBIAS
1 GROVE ISLE DRIVE, APARTMENT 509
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

C/O JEFFREY A. TOBIAS
1 GROVE ISLE DRIVE, APARTMENT 509
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIAS, JEFFREY A DR
C/O JEFFREY A. TOBIAS
1 GROVE ISLE DRIVE, APARTMENT 509
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MS () Delete
Name: TOBIAS, NANCY C MS
Address: 249 23RD ST
City-St-Zip: SANTA MONICA, CA 90402 US

Title: DR () Delete
Name: TOBIAS, JEFFREY A DR
Address: 1 GROVE ISLE DR, APARTMENT 509
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOBIAS, NANCY C
Address: 249 23RD ST
City-St-Zip: SANTA MONICA, CA 90402 US

Title: MGR (X) Change () Addition
Name: TOBIAS, JEFFREY A
Address: 1 GROVE ISLE DR, APARTMENT 509
City-St-Zip: MIAMI, FL 33133 US

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: JEFFREY A. TOBIAS

MGR

02/23/2008

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