

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046592

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: MUSEUM ONE, LLC

## Current Principal Place of Business:

2400 E. LAS OLAS BOULEVARD  
A  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

2438 E. LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

## Current Mailing Address:

2400 E. LAS OLAS BOULEVARD  
A  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

2438 E. LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301

FEI Number: 20-4819797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIVE & ASSOCIATES, PA  
2400 E. LAS OLAS BOULEVARD  
A  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

OLIVE & ASSOCIATES, PA  
2438 E. LAS OLAS BOULEVARD  
FORT LAUDERDALE, FL 33301 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: S/BENJAMIN E. OLIVE

04/17/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OLIVE, BENJAMIN E  
Address: 2400 E. LAS OLAS BOULEVARD, STE. A  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: OLIVE, BENJAMIN E  
Address: 2438 E. LAS OLAS BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33301 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: S/BENJAMIN E. OLIVE

MGRM

04/17/2008

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