2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047991

Title:

Name:

Address:

City-St-Zip:

MGRM

TIKTIN, ADAM J

() Delete

SUNNY ISLES, FL 33160 US

16850 COLLINS AVENUE, SUITES 112-202

Entity Name: 530 S. STATE ROAD 7, LLC

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 530 S. STATE ROAD 7 PLANTATION, FL 33317 US **Current Mailing Address: New Mailing Address:** 5900 N ANDREWS AVENUE 5130 N. FEDERAL HWY FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33308 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOENIGSBERG, JAY 1200 BRICKELL AVENUE 1900 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MATRICARIA, RICHARD JR Name: Name: Address: 5900 N ANDREWS AVENUE, SUITE 100 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MATRICARIA, RICHARD SR Name: Name: Address: 5900 N ANDREWS AVENUE, SUITE 100 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MANDEL, DOUGLAS K Name: Name: 5900 N ANDREWS AVENUE, SUITE 100 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: RICHARD MATRICARIA JR. MGRM 04/22/2008