

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000051481

1. Entity Name SR 50, LLC



Principal Place of Business

P. O. BOX 810664 BOCA RATON, FL 33481 Mailing Address

P. O. BOX 810664 BOCA RATON, FL 33481 FILED Feb 01, 2008 08:00 AN Secretary of State



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI	Number		Applied For
20	-4900409		Not Applicable
5 . Cer	tificate of Status Desired	\$5.0 Fee R	Additional Jired

6. Name and Address of Current Registered Agent

HERMAN MOSKOWITZ CPA, PA 3850 HOLLYWOOD BLVD SUITE 204 HOLLYWOOD, FL 33021

SIGNATURE:

DO NOT WRITE IN THIS SPACE

29/08

(561)350-6774

Daytime Phone #

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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	E Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR BERNSTEIN, STEVEN E P.O. BOX 810664 BOCA RATON, FL 33481	U00000811131 02/11/08-80014-012 138.75					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

STEVEN BERNSTEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE