2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

## **DOCUMENT # L06000062389**

1. Entity Name ANTARES, LLC



**FILED** Jan 16, 2008 08:00 A Secretary of State

Principal Place of Business

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TOTLE NAME STREET ADDRESS

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

615 SAN LORENZO CORAL GABLES, FL 33146 Mailing Address

615 SAN LORENZO CORAL GABLES, FL 33146



DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5067645 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A. ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

| 8. 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. | (NOTE: Registered Agent signature required when reinstating) | DATE                                      |  |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  |   |  |   |  |
| 9.  | MANAGING MEMBERS/MANAGERS MGR   | <del></del> i  |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | BROWNELL, ROBERT K  |  | U00000786312<br>01/17/08-80035-017 138.75 |  |
| TITLE NAME STREET ADDRESS   |   |  |   |  |

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

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