



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

|  |   |                                 |  |   |   |
|--|---|---------------------------------|--|---|---|
| <b>DOCUMENT # L06000075432</b><br>1. Entity Name<br><b>TALLMAN PINES II DEVELOPMENT, LLC</b>   |   |                                 |  |  |   |
| Principal Place of Business<br><b>2950 S.W. 27TH AVENUE, SUITE 200<br/>MIAMI, FL 33133</b>   |   |                                 | Mailing Address<br><b>2950 S.W. 27TH AVENUE, SUITE 200<br/>MIAMI, FL 33133</b>   |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   |
|  |   |                                 |    |   |   |
|  |   |                                 | 01112008 Chg-LLC CR2E083 (12/06)   |   |   |
|  |   |                                 | 4. FEI Number<br><b>20-5315057</b>   |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|  |   |                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MCDONOUGH, BRIAN J<br/>150 WEST FLAGLER STREET, 2200 MUSEUM TOWER<br/>MIAMI, FL 33130</b>  |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |   |
| 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 _____   |   |                                 |  |   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>BOGGIO, LLOYD J<br/>2950 SW 27TH AVENUE, STE.200<br/>MIAMI, FL 33133</b> | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>U000000851702<br/>03/25/08-80051-009 143.75</b>                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>THE SAGRA LLC<br/>2400 S. DIXIE HWY<br/>MIAMI, FL 33133</b>             | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 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. |   |                                 |  |   |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                                 |  |   |   |
|  |   |                                 |  | <small>Date Daytime Phone #</small>   |   |