

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077777

FILED  
May 05, 2008  
Secretary of State

Entity Name: CAROLINE GLEASON MANAGEMENT, LLC

**Current Principal Place of Business:**

227 9TH STREET  
2ND FLOOR  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

227 9TH STREET  
2ND FLOOR  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-5331285      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GLEASON, CAROLINE  
227 9TH STREET  
2ND FLOOR  
MIAMI BEACH, FL 33139 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:**

Title: MGRM ( ) Delete  
Name: GLEASON, CAROLINE  
Address: 5900 COLLINS AVE., #903  
City-St-Zip: MIAMI BEACH,, FL 33140 US

Title: PART ( ) Delete  
Name: GLEASON, JOHN  
Address: 5900 COLLINS AVE., #903  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: CAROLINE GLEASON

MGRM

05/05/2008

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