FILED
Mar 07, 2008 8:00 am
Secretary of State
01-25-2008 90084 013 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000078894

1. Entity Name
2400 DEL LAGO DRIVE LLC

~~2845 NE 9th ST; #406~~
Principal Address
~~2400 DEL LAGO DRIVE~~
~~FT. LAUDERDALE, FL 33316~~
33304-3650

~~2845 NE 9th ST; #406~~
Mailing Address
~~2400 DEL LAGO DRIVE~~
~~FT. LAUDERDALE, FL 33316~~
33304-3650

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-8314265
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC.
350 E. LAS OLAS BLVD. SUITE 1000
FT. LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FRIEDMAN, PAT
STREET ADDRESS	~~2400 DEL LAGO DRIVE~~ 2845 NE 9th ST; #406
CITY-ST-ZIP	~~FORT LAUDERDALE FL 333~~ Ft. Lauderdale, Fl 33304-3650
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: P Friedman 1-16-08 954 527-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #