


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90109 002 \*\*\*138.75

<b>DOCUMENT # L06000082663</b>		
1. Entity Name TP-4902, LLC		

Principal Place of Business % ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	Mailing Address % ADAM R. SCHIFFMAN, P.A. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180
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**50003349**



2. Principal Place of Business - No P.O. Box # <u>2750 NE 185th Street</u> Suite, Apt. #, etc. <u>2nd Floor</u> City & State <u>Aventura, FL</u> Zip <u>33180</u>	3. Mailing Address <u>2750 NE 185th Street</u> Suite, Apt. #, etc. <u>2nd Floor</u> City & State <u>Aventura, FL</u> Zip <u>33180</u>
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03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number <u>20-5015929</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHIFFMAN, ADAM R ESQ. 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name <u>Schiffman, Adam R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2750 NE 185th Street</u> <u>2nd Floor</u> City <u>Aventura</u> <u>FL</u> Zip Code <u>33180</u>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Diaz Pulido, Francisco Javier 2750 NE 185th Street, 2nd Floor Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

**SIGNATURE:** [Signature] **03-26-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #