

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 12 AM 9:41



DOCUMENT # L06000082888

1. Entity Name
DVI CARDEL 3, LLC

Principal Place of Business
2601 S BAYSHORE DR.
SUITE 1475
COCONUT GROVE, FL 33133

Mailing Address
2601 S BAYSHORE DR
SUITE 1475
COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5436380

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required -

6. Name and Address of Current Registered Agent

WESSLER, ROBERT I
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	BUDEMMEYER, DAVID	1001-N. US HIGHWAY 1, SUITE 800	JUPITER, FL 33477	<input type="checkbox"/>
MGR	RODRIGUEZ, CARLOS J	7700 N. KENDALL DRIVE, SUITE 601	MIAMI, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	Budde Meyer, David	11780 US Highway One (North Tower) Suite 400	North Palm Beach, FL 33418	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Lawrence Contrillo, Vice President Date: 2/13/08 Daytime Phone #: 561-2072750