2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90120 019 ***138.75

DOCUMENT # L06000084381

1. Entity Name

AZ ONE 100 LLC

Principal Place of Business	Mailing Address
3801 SOUTH OCEAN DRIVE #12 R HOLLYWOOD FL 33019 US	3801 SOUTH OCEAN DRIVE #12 R HOLLYWOOD FL 33019 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3801 S. OCEAN Dr, #11X	3801 SOUTH OCEAN DR,
Suite, Apt. #, etc.	Suite, Apt. #, etc. #11X
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FLORIDA
Zip 33019 Country USA	Zip 33019 Country USA

4. FEI Number 20-5446723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZHUK, ARKADY
3801 SOUTH OCEAN DR # 12 R
HOLLY WOOD FL 33019

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

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			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHUK, ARKADY 3801 SOUTH OCEAN DRIVE # ~~12 R~~ — 11X HOLLY WOOD FL 33019	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ____________________ 04.30.08 3056326370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #