

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087517

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** BARCELONA NORTH #242, LLC

**Current Principal Place of Business:**

253 S CYPRESS ROAD  
UNIT 242  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

1340 S OCEAN BLVD.  
SUITE 1901  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 20-8292061      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WICH, THOMAS  
2400 EAST COMMERCIAL BLVD.  
SUITE 620  
FORT LAUDERDALE, FL 33308 US

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

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: MCILWRATH, JOHN  
Address: 1340 S OCEAN BLVD., #1901  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM ( ) Delete  
Name: MCILWRATH, PAULINE  
Address: 1340 S OCEAN BLVD., #1901  
City-St-Zip: POMPANO BEACH, FL 33062

**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: JOHN MCILWRATH      MGRM      04/22/2008

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