


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90171 007 ***138.75

DOCUMENT # L06000098529	
1. Entity Name THE CABANA LLC	

Principal Place of Business 6254 NW 23RD ROAD BOCA RATON, FL 33434 US	Mailing Address 6254 NW 23RD ROAD BOCA RATON, FL 33434 US
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2. Principal Place of Business - No P.O. Box # 1835 S.Ocean Blvd.	3. Mailing Address 1835 S. Ocean Blvd.
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Suite, Apt. #, etc. Unit C	Suite, Apt. #, etc. Unit C
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City & State Delray Beach, FL	City & State Delray Beach, FL
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Zip 33483	Country Palm Beach	Zip 33483	Country Palm Beach
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04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5686239	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	
FISCHER, CATHERINE U 6254 NW 23RD ROAD BOCA RATON, FL 33434	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1835 S. Ocean Blvd.	
Unit C	
City Delray Beach	FL Zip Code 33483

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
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISCHER, CATHERINE U 6254 NW 23RD ROAD BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1835 S. Ocean Blvd. Unit C Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input 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
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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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: <i>Catherine Fischer</i>	Date 4/14/08	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		