

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099061

Entity Name: FL 638 39 ST LLC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

357 GLENN RD  
WEST PALM BEACH, FL 33405

## New Principal Place of Business:

## Current Mailing Address:

357 GLENN RD  
WEST PALM BEACH, FL 33405

## New Mailing Address:

FEI Number: 20-5684714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERGUSON-STEFAN, MARIANA  
357 GLENN RD  
WEST PALM BEACH, FL 33405 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: A&W GROUP LLC,  
Address: 357 GLENN RD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM ( ) Delete  
Name: ACKERMAN, MIKE  
Address: 357 GLENN RD  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: WOLFF, ROSLYN  
Address: 357 GLENN RD  
City-St-Zip: WEST PALM BEACH, FL 33405

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: ROSLYN WOLFF

MGR

04/29/2008

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