2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: JOSANNE Wright
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 21, 2008 8:00 am Secretary of State

3/23/08 305-805-7169
Date Daysine Phone #

DOCUMENT # L06000103459 1. Entity Name 990 BUILDING LLC						04-21-2008 9	90316 00)2 ***143	3.75
	e of Business EMO AVE., SUITE 125 .ES. FL 33146	Mailing Address 1500 SAN REMO AVE., SL CORAL GABLES, FL 3314			. •				
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
6367 Suite, Apt.	Sunset DR	6361 Sunset)	R			erin wille nwift 60411 Pold		\	##1 ##
Suite, Apt.	#, etc.	Suite, Apr. #, etc.			03122008	Chg-LLC	CR2E08	33 (12/06)	
City & Stat		City & State			4. FEI Number	458			plied For
Zip Country		Zip Country			20-8254458 Not Applicable 5. Certificate of Status Desired \$5.00 Additional				
3314	6. Name and Address of Current R	33143						ee Required	
	o. Name and Address of Current R	afiareted Affent	Name		7. Name and A	ddress of New R	egisterea A	gent	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE STE 125			Street A	treet Address (P.O. Box Number is Not Acceptable)					
	ABLES, FL 33146		(Total Service (Total Cooptains)						
			City				FL	Zip Code	•
	named entity submits this statement for tions of registered agent.	the purpose of changing its req	gistered office o	r registere	ed agent, or both	, in the State of Flo	rida. Fam fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Ri	egistered Agent signa	ture required	when reinstating)		DATE		
	١.				<i>[</i> ,]		William Barrie		
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				Pro-		check pa Departme	iyable to int of State	
	MANAGING MEMBER	0.44444.0500	C:a			State of the	*		\$ 14.00 mm
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