## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000106068

Entity Name: 8 CAMBRIDGE, LLC

Address:

City-St-Zip:

1 POLK AVENUE

NORTHPORT, NY 11731

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5274 TIFFANY ANNE CIRCLE WEST PALM BEACH, FL 33417 **Current Mailing Address: New Mailing Address:** 5274 TIFFANY ANNE CIRCLE WEST PALM BEACH, FL 33417 FEI Number: 20-8055040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'KEEFE, JAMES 5274 TIFFANY ANNE CIRCLE WEST PALM BEACH, FL 33417 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete O'KEEFE, JAMES Name: Name: Address: 5274 TIFFANY ANNE CIRCLE Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CORR, STEPHEN Name: Address: 300 NE 20TH STREET, UNIT 704 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LYNCH, DANIEL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES OKEEFE MGMR 04/28/2009