

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119562

Entity Name: GET RICH PLACE LLC

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

200 EXECUTIVE WAY  
SUITE 206  
PONTE VEDRA BCH, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

200 EXECUTIVE WAY  
SUITE 206  
PONTE VEDRA BCH, FL 32082

## New Mailing Address:

FEI Number: 20-8069764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAYE, EDITA  
1314 LAS OLAS  
#200  
FT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

KAYE, EDITA  
200 EXECUTIVE WAY  
SUITE 206  
PONTE VEDRA BCH, FL 32082 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:

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KAYE, EDITA  
Address: 1314 LAS OLAS #200  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: SHEMIN, ROBERT  
Address: 300 SOUTH POINTE DR #2701  
City-St-Zip: MIAMI, FL 33139

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KAYE, EDITA  
Address: 200 EXECUTIVE WAY  
City-St-Zip: PONTE VEDRA BCH, FL 32082

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: EDITA KAYE

MGRM

04/28/2008

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