## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L07000003131 1. Entity Name



**FILED** Mar 11, 2008 8:00 am Secretary of State

03-11-2008 90132 010 \*\*\*138.75

Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required Agent   S. Certificate of Status Desired   \$5.00 Additional Fee Required Agent   T. Name and Address of New Registered Agent   Name	RM 9700	PINES BOULEVARD LLC			<b>)</b>
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1112008 Chg-LLC CR2E083 (12/06)  City & State  Country  Sirp  Country  S. Certificate of Status Desired  \$5.00 Additional Feb Required  For Required  Street Address of New Registered Agent  Name  Name  Name  Name  Name  Note  Sireet Address (P.O. Box Number is Not Acceptable)  Signature, year or preserved agent.  Signature, year or preserved agent and title if applicable  Signature, year or preserved agent and title if applicable  Signature, year or preserved agent and title if applicable  Signature, year or preserved agent and title if applicable  Signature, year or preserved agent and title if applicable  ITILE  MARK  RM M9700 PINES BOULEVARD IE LLC  Sireet Address  City-St-2P  TITLE  MARK  Sireet Address  City-St-2P  TITLE  MARK  Sireet Address  City-St-2P  TITLE  MARK  Sireet Address  City-St-2P  TITLE  Design  TITLE  MARK  Sireet Address  City-St-2P  TITLE  City Title  Titl	3325 S UNIVERSITY DRIVE SUITE 210		3325 S UNIVERSITY DRIVE Suite 210		
City & State  Country  Zip  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required  \$5.00 Additional	2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   \$5.00 Additional Fee Requ	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008 Chg-LLC CR2E083 (12/06)
Speciment   Spec	City & State		City & State		
ROSS REALTY INVESTMENTS, INC. 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328    City   FL   Zip Code	Zip	Country	Zip	Country	5 Certificate of Status Desired 55.00 Additional
ROSS REALTY INVESTMENTS, INC. 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328    City   FL   Zip Code	6. Name and Address of Current		Registered Agent		7. Name and Address of New Registered Agent
SUITE 210 DAVIE, FL 33328    City   FL   Zip Code					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  SIGNATURE  Signature. Now or prized name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remainting)  P. MANAGING MEMBERS/MANAGERS  III.E NAME  MAR RM 9700 PINES BOULEVARD IE LLC  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS STREET	SUITE 210	)		Street Address	i (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstanting)  9.   MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES    TITLE   MGR   RM 9700 PINES BOULEVARD IE LLC   Delete   MAME    STREET ADDRESS   CITY-ST-ZIP   DAVIE, FL 33328   DAVIE, FL 33328   DAVIE, FL 33328   DELET ADDRESS    STREET ADDRESS   STREET ADDRE	DAVIE, FL	33328		City	FL Zip Code
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    Reference   Name   Na			the purpose of changing its		
## After May 1, 2008 Fee will be \$538.75    9.	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature require	red when reinstating) DATE
TITLE NAME RM 9700 PINES BOULEVARD IE LLC STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  TITLE NAME  Change A  Chan	FILE After May	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75			
TITLE NAME RM 9700 PINES BOULEVARD IE LLC STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  Change A  Change	9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
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NAME		DAVIE, FL 33328		<del></del>	
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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.	indicated	on this report is true and accurate and	that my signature shall have	the same legal effect as if	f made under oath; that I am a managing member or manager of the

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE