## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90400 033 \*\*\*138.75

Principal Place of Business 10652 W 49H ST CORRL SPRINGS, FL 33076  2. Principal Place of Business - No PO. Box 6  2. Principal Place of Business - No PO. Box 6  2. Principal Place of Business - No PO. Box 6  2. Principal Place of Business - No PO. Box 6  2. Principal Place of Business - No PO. Box 6  2. Mailing Address  Suite, Apt. 4, etc.  City A. State  City A.	1. Entity Nam	MENT # L07000003 ND ASSOCIATES, P.L.			BB 1 1 0 m 6						
Solite, Apl. 4, etc.	10652 NW 49TH ST		10652 NW 49TH ST				#### #### #### #### ##### ############	·	Allia leria ceni de	:Bail 116 18 81	
Chy & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·						
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee People	Suite, Apt. #, etc.					01052008	Chg-LLC	CR2E	083 (12/06)		
S. Certificate or Salaus Desired   Fore Requirited   Fore Requirit	City & State					4. FEI Numbe	19880	67	No	t Applicable	
Nome	Zip					5. Certificate	of Status Desired				
Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 accept the obligations of registered agent.  SIGNATURE  SOUNDLE, typed or preservation of registered agent and the faculable. (NOTE Registered Agent Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SOUNDLE, typed or preservation of registered agent and the faculable. (NOTE Registered Agent Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SOUNDLE, typed or preservation of registered agent.  Make check payable to State.  SIGNATURE  MARK (NOKU, PAUL S STATE ADDRESS OTH ST. 2P)  MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES  SIRET ADDRESS OTH ST. 2P  OTH S		6. Name and Address of Curren									
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 accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  Officials Department of State  SIREH ADDRESS Offi-51-2P  CORAL SPRINGS, FL 33076  Delde NILE NAME SIREH ADDRESS OFF-51-2P  TITLE NAME	10652 NW 49TH ST				Street Address (P.O. Box Number is Not Acceptable)						
THE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  ITILE  MGR  MGR  MANAGING MEMBERS / MANAGERS  ITILE  MGR  MGR  MORUN 97H ST  CORAL SPRINGS, FL 33076  CITY-ST-2P  TILE  MMR  STREET ADDRESS  CITY-ST-2P  TILE  MMR  STREET ADDRESS  CITY-ST-2P  TILE  MMR  STREET ADDRESS  CITY-ST-2P  TILE  MMR  MMR					City			F	Zip Cod	e	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75    Make check payable to Florida Department of State   State											
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   Addition NAME   MAKE	SIGNATURE.	Signature, typed or printed name of registered agen	1 and tale if applicable. (NOTI	E: Registere	d Agent signature required	i when reinstating)		DATE			
TITLE NAME NAME TOTY-ST-ZP TOTLE NAME TOTLE			5					Note that the second of the second		,	
NAME STREET ADDRESS TOFS 2 PV 49TH ST CORAL SPRINGS, FL 33076  Delete TITLE NAME STREET ADDRESS CITY-ST-2P	9.		ERS/MANAGERS	10.			ADDITIONS/	CHANGE	S _		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME Street address	KOKU, PAUL S 10652 NW 49TH ST	☐ Delete	NAME STREE	E ET ADDRESS				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete STREET ADDRESS CITY-ST-ZIP  TO DELET NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	~~ ~ ·	☐ Delete	NAME STREE	E Et address			-	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Belete STREET ADDRESS CITY-ST-ZIP  TO STREET ADDRESS CITY-ST-ZIP  TO STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	E ET ADDRESS	***	.,		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREE	E ET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	E ET ADDRESS				☐ Change	☐ Addition	
11. Thereary octors that the indufficient appoints with this initializes not quality for the excellutions contained in Charles 113. Figures Shalling Charles C	NAME STREET ADDRESS CITY-ST-ZIP	erilly that the information supplied with		NAME STREE CITY-	ET ADDRESS ST-ZIP	in Chapter 119	Florida Statutes I fu	other certif			

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