2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 19, 2008 8:00 am
Secretary of State

01-15-2008 90017 010 ***138.75

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01062008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000006119

1. Entity Name
BLUMENTHAL PROPERTIES SWEETWATER, LLC

Principal Place of Business	Mailing Address
9795 SW 98TH STREET MIAMI, FL 33176	9795 SW 98TH STREET MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21286 County Road 349	21286 County Road 349
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: O'Brien Florida	City & State: O'Brien Florida
Zip: 32071 Country: USA	Zip: 32071 Country: USA

4. FEI Number 26-2183443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, HOWARD A ONE FINANCIAL PLAZA, STE 1400 100 S.E. THIRD AVENUE FORT LAUDERDALE, FL 33394-0030	Name Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BLUMENTHAL PROPERTIES, LLC 9795 SW 98TH STREET MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Blumenthal Properties LLC 21286 County Road 349 O'Brien, FL 32071	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 1/11/08 386-776-2739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #