

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1/2: Mar 05, 2008 8:00 am
Secretary of State

01-28-2008 90075 017 ***158.75

DOCUMENT # L07000016072
1. Entity Name
14985 NW 27TH, LLC



Principal Place of Business
5979 NW 151 STREET
SUITE 105
MIAMI LAKES, FL 33014 US

Mailing Address
5979 NW 151 STREET
SUITE 105
MIAMI LAKES, FL 33014 US

We moved



2. Principal Place of Business - No P.O. Box #
8000 Governors Square Blvd
Suite, Apt. #, etc.
Suite 101

3. Mailing Address
8000 Governors Square Blvd.
Suite, Apt. #, etc.
Suite 101

01222008 Chg-LLC CR2E083 (12/06)

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33016

Country
US

Zip
33016

Country
US

4. FEI Number
20-8982046

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROBINSON, RAYMOND L ESQ.
1501 VENERA AVENUE
SUITE 300
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSON, CHARLES J 5979 NW 151 STREET SUITE 105 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, DAVID R 5979 NW 151 STREET SUITE 105 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nielson, Charles J. 8000 Governors Square Blvd., # 101 Miami Lakes, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hoover, David R. 8000 Governors Square Blvd., # 101 Miami Lakes, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 1/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE