

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90236 009 \*\*\*138.75

**DOCUMENT # L07000017969**  
 1. Entity Name  
**RUNAWAY PROPERTIES, LLC**



Principal Place of Business      Mailing Address  
**820 SAN PEDRO AVENUE**      **820 SAN PEDRO AVENUE**  
**CORAL GABLES, FL 33156**      **CORAL GABLES, FL 33156**

**60014082**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

03062008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-8965516**       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**BSPA CORPORATE SERVICES, INC.**  
**350 EAST LAS OLAS BOULEVARD, SUITE 1000**  
**FORT LAUDERDALE, FL 33301**

**7. Name and Address of New Registered Agent**  
 Name **KATHLEEN FERNANDEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**820 SAN PEDRO AVE**  
 City **CORAL GABLES**      **FL**      Zip Code **33156**

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 *Kathleen Fernandez*      DATE 3-6-08  
(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	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kathleen Fernandez*      Date 3-6-08      Daytime Phone # 3056663880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE