


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90096 009 ***138.75

DOCUMENT # L07000018511																																			
1. Entity Name ONE FINANCIAL CENTER, LLC																																			
Principal Place of Business 599 NW 82ND AVENUE PLANTATION, FL 33324			Mailing Address P.O. BOX 15697 PLANTATION, FL 33316-5697																																
2. Principal Place of Business - No P.O. Box # 100 SE 3rd Ave.		3. Mailing Address 100 SE 3rd Ave.																																	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102																																	
City & State Ft. Lauderdale, FL		City & State Ft. Laud., FL																																	
Zip 33394		Zip 33394																																	
<div style="display: flex; justify-content: space-between;"> 04162008 Chg-LLC CR2E083 (12/06) </div>																																			
4. FEI Number 20-8600399				Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																			
6. Name and Address of Current Registered Agent DOUGLAS, STEPHEN M 599 NW 82ND AVENUE PLANTATION, FL 33324			7. Name and Address of New Registered Agent																																
			Name <u>Stephen M Douglas</u>																																
			Street Address (P.O. Box Numbers Not Acceptable) <u>100 SE 3rd Ave.</u>																																
			<u>Suite 102</u>																																
			City <u>Ft. Lauderdale</u> FL Zip Code <u>33394</u>																																
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 <u>[Signature]</u> DATE <u>4/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																
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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: <u>[Signature]</u> Date <u>4/16/08</u> Daytime Phone # <u>954-727-0330</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																			