2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000020857

Entity Name: 1 @ BLOCK 55, LLC

Current Principal Place of Business:

1200 PONCE DE LEON, 1ST FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1200 PONCE DE LEON, 1ST FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

1200 PONCE DE LEON BLVD.
1ST FLOOR
CORAL GABLES, FL 33134

FEI Number: 20-8509943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GAMBIN, FRANCISCO A
1200 PONCE DE LEON BLVD.
1ST FLOOR
CORAL GABLES, FL 33134 US

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.

SIGNATURE: FRANCISCO GAMBIN 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ABELE, CHARLES R JR
Address: 1200 PONCE DE LEON BLVD., 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Change (X) Addition
Name: BOSCHETTI, JOSE R
Address: 1200 PONCE DE LEON BLVD., 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE R. BOSCHETTI MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date