


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90009 001 *1,248.75

DOCUMENT # L07000021954

1. Entity Name
 9116GR, LLC



Principal Place of Business
 9122 GRIFFIN RD.
 COOPER CITY, FL 33328

Mailing Address
 9122 GRIFFIN RD.
 COOPER CITY, FL 33328

30005861



2. Principal Place of Business - No P.O. Box #
 9116 Griffin Road
 Suite, Apt. #, etc.

3. Mailing Address
 9116 Griffin Rd
 Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State
 Cooper City FL

City & State
 Cooper City FL

Zip
 33328

Country

4. FEI Number
 20 854 8025

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GROSSMAN, DANIEL
 9122 GRIFFIN RD.
 COOPER CITY, FL 33328

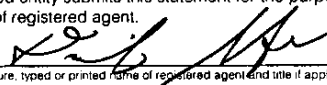
7. Name and Address of New Registered Agent

Name
 Grossman Daniel

Street Address (P.O. Box Number is Not Acceptable)
 9116 Griffin Road

City
 Cooper City FL Zip Code
 33328

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 4-18-08

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	MGR GROSSMAN, DANIEL 9122 GRIFFIN RD. COOPER CITY, FL 33328 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Grossman Daniel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9116 Griffin Road Cooper City FL 33328
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
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:  DATE 4-18-08 DAYTIME PHONE # 680 7759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE