


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

02-22-2008 90040 024 ***138.75

DOCUMENT # L07000030522

1. Entity Name
301 PALM PLAZA, LLC



Principal Place of Business Mailing Address
16445 COLLINS AVE., #724 **16445 COLLINS AVE., #724**
MIAMI BEACH, FL 33160 **MIAMI BEACH, FL 33160**

30003124



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
16850-112 Collins Ave. **16850-112 Collins Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#285 **#285**

01042008 Chg-LLC CR2E083 (12/06)

City & State City & State
Miami Beach, FL **Miami Beach, FL**
 Zip Country Zip Country
33160 **USA** **33160** **USA**

4. FEI Number Applied For
20-8743308 Not Applicable

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

6. Name and Address of Current Registered Agent
WOLFE, RICHARD C ESQ.
100 S.E. SECOND STREET, SUITE 3300
MIAMI, FL 33131

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 amending)

FILE NOW! FEE IS \$138.75
After May 1, 2009 Fee will be \$338.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHAR FAMILY LIMITED PARTNERSHIP 16445 COLLINS AVE., #724 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16850-112 Collins Ave #285 Miami Beach, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEHAR, MOISES 16445 COLLINS AVE., #724 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16850-112 Collins Ave #285 Miami Beach, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEHAR, MERCEDES 16445 COLLINS AVE., #724 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16850-112 Collins Ave #285 Miami Beach, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 110, 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: Moises Behar Moises Behar 1/6/08 305-632-6394
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #