

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90138 008 ***143.75

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|--|---|---|---|---|--|
| DOCUMENT # L07000030555 1. Entity Name 847 MINER ROAD LLC | | | | | |
| Principal Place of Business 847 MINER ROAD LANTANTA, FL 33462 | | | Mailing Address 847 MINER ROAD LANTANTA, FL 33462 | | |
| 2. Principal Place of Business - No P.O. Box # 847 miner Rd | | 3. Mailing Address Suite, Apt. #, etc. Lantana | | | |
| Suite, Apt. #, etc. Lantana | | Suite, Apt. #, etc. Same | | | |
| City & State FL | | City & State FL | | | |
| Zip 33462 | | Country US | | 4. FEI Number 590183739 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PAXMAN, JOHN T ESQ 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 | | | 7. Name and Address of New Registered Agent Name Ali A. Hammad Street Address (P.O. Box Number is Not Acceptable) 847 miner Rd City Lantana FL 33462 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HAMMAD, ALI 847 MINER ROAD LANTANTA, FL 33462 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: | | | Date 2-14-08 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |