FILED
Mar 19, 2008 8:00 am
Secretary of State

01-15-2008 90017 011 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000030575

1. Entity Name
BLUMENTHAL PROPERTIES 13317 NORTH BOULEVARD, LLC

Principal Place of Business	Mailing Address
9795 SW 98TH STREET MIAMI, FL 33176	9795 SW 98TH STREET MIAMI, FL 33176

30002494

01062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
21286 County Road 349		21286 County Road 349	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: O'Brien Florida		City & State: O'Brien Florida	
Zip: 32071	Country: USA	Zip: 32071	Country: USA

4. FEI Number: 26-2091295 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, HOWARD ALLEN
ONE FINANCIAL PLAZA, STE 1400
100 S.E. THIRD AVENUE
FORT LAUDERDALE, FL 33394-0030

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR BLUMENTHAL PROPERTIES, LLC 9795 SW 98TH STREET MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Blumenthal Properties LLC 21286 County Road 349 O'Brien, FL 32071	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: M. B[illegible] 1/14/08 386-776-2739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #