FILED Mar 24, 2008 8:00 am Secretary of State 02-27-2008 90076 041 ***138.75

2.

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

						_	02-27-20	000 900/0 041	130.73					
1. Entity Nan		# L0700003 LLC	2405				o o H 5							
Principal Plac	ce of Business		Mailing Address	·	1	•	30002671							
_			4942 LEJEUNE ROAD			•)UUU#U-							
4942 LEJEUNE ROAD 4942 LEJEUNE ROAD SUITE 222						Ī	_							
CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146					US	1								
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Principal Place of Business - No P.O. Box # Mailing Address														
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			02242008	Chg-LLC	CR2E083 (12/06))					
City & Stat	te		City & State	City & State			* 14-19	4 1 1 1 1 1 1 1 1 	pplied For					
Ζip		Country	Zip	Zip Country		5. Certificate	of Status Desired	S5.00 Ad	Iditional					
6: Name and Address of Current I			 nt Registered Anent	legistered Agent		7. Name en	d Address of New F							
Name Name														
	SANDRA J WATER DR					Street Address (P.O. Box Number is Not Acceptable)								
APT 10C	ABLES, FL													
					City			Zip Co	10					
			.					r L	i					
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		or printed name of registered age												
	Signature, typed o	or printed name of registered age	ant and title if epplicable. (NOT	E: Hegathere	d Agent signature require	d when reindlating)		CATE						
		EE 18 \$138.75 Fee will be \$538.	75	•			te check payable to a Department of Stat	he .						
9.		MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS.	CHANCES						
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NAME		AWRENCE L MR	C) news	NAM				□ cranda	☐ Add#on					
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STRIET AUDRESS					ET ADDRESS									
QTY-51-2P	<u> </u>			CITY	-ST-20P									
11. I hereby	certify that the	information supplied w	Ath this liting does not qualify fo	r the exe	mptions contained	in Chapter 119	Floride Statutes, I fo	urther certify that the inf	ormation					
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 firmited liability company or the receiver or trusteerempoylered to execute this report as required by Chapter 608, Florida Statutes.														
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1		10.4	<i>Y</i> / l					(0.4)000	ا نمید					
		1/1/211	<i></i>		SIGNATURE: 02.24, 2008 (305) 298-2464									