## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED Apr 24, 2008 8:00 am Secretary of State

Oate

Daytime Phone #

DOCUMENT # L07000032848  1. Entity Name 5902 OLEANDER LLC					  -  -	04-24-2008 9	0018 03	34 ***138	3.75
Principal Plac	a of Business	Mailing Address	<del>t</del>		1	- ·			
		1911 NE 172 STREET							
1911 NE 172 STREET North Miami Beach, Fl. 33162 US		NORTH MIAMI BEACH, FL 33162 US							
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<ol><li>Principal P</li></ol>	Place of Business - No P.O. Box #	3. Mailing Address							
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Zip	Courtiny	2.14	Joan	y	5. Certificate of	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current I	Registered Agent	1		7. Name and	Address of New Re		<u>-</u>	
				Name			•		
KEYS, NE.			ļ			· · · · · · · · · · · · · · · · · · ·			
	72 STREET			Street Address	(P.O. Box Numbe	r is Not Acceptable)	}		
NORTH M	IAMI BEACH, FL 33162		ŀ						
			ĺ	City			FL	Zip Code	е
9 The above	named entity submits this statement for	the purpose of changing its	ragintora	ad affice or registe	arod agent or both	a in the State of Elec		lomiliar with	and annual
	tions of registered agent.	the purpose of changing its	s registere	or office or registe	ared agent, or both	I, III THE STATE OF FIOR	iua. Lain	iammai wim,	ана ассері
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SIGNATURE	Signature, typed or printed mains of registered agent a	and title if applicable. (NOT	E: flegistered	Agent signature require	d when reinstating)		DATE		-
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State				
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After May	y 1, 2008 Fee will be \$538.75		10		<u>:</u>	Florida	Departm	ent of State	B*************************************
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9.	y 1, 2008 Fee will be \$538.75  MANAGING MEMBE		TITLE			Florida	Departm	ent of State	Addition
9. TITLE NAME	MANAGING MEMBER MGR KEYS, NEAL	RS/MANAGERS	TITLE		:	Florida	Departm	ent of State	
9.	MANAGING MEMBER MGR KEYS, NEAL 1911 NE 172 STREET	RS/MANAGERS	TITLE NAME STREE			Florida	Departm	ent of State	
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