

FILED

Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90131 023 ***143.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000035163

1. Entity Name
5900 SOUTH DIXIE HIGHWAY, LLCPrincipal Place of Business
3450 SOUTH OCEAN BLVD., SUITE 717
PALM BEACH, FL 33480-5979Mailing Address
3450 SOUTH OCEAN BLVD., SUITE 717
PALM BEACH, FL 33480-5979

60013928



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 15527

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State

City & State

West Palm Beach, FL

4. FEI Number

38-3756652

Applied For

Not Applicable

Zip

Country

Zip

33416-5527

Country

5. Certificate of Status Desired

☒\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD., SUITE 1500 (AIT)
MIAMI, FL 33131

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 \$538.75Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR.
ROBERT WECHSLER
3450 S. OCEAN BLVD. STE. 717
PALM BEACH, FL. 33480-5979☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

Robert Wechsler manager

2/19/08

212478283

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

Date

Daytime Phone #