


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90200 021 \*\*\*138.75

|   |  |   |
|---|--|---|
| <b>DOCUMENT # L07000035231</b>                      |  |  |
| 1. Entity Name<br>3040 NORTH BAY ROAD/WILMSLOW, LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>3040 NORTH BAY ROAD<br>MIAMI BEACH, FL 33140 | Mailing Address<br>3040 NORTH BAY ROAD<br>MIAMI BEACH, FL 33140 |
|---|---|

**60014680**



|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br><i>3040 N. Bay Rd.</i> | 3. Mailing Address<br><i>1435 Washington Ave.</i> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                               |

03032008 Chg-LLC CR2E083 (12/06)

|  |  |                                    |  |
|--|--|------------------------------------|--|
| City & State<br><i>Miami Beach, FL</i> | City & State<br><i>Miami Beach, FL</i> | 4. FEI Number<br><i>39-3755673</i> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><i>33140</i>                    | Country<br><i>USA</i>                  | Zip<br><i>33139</i>                | Country<br><i>USA</i>                                  |

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

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>CORPDIRECT AGENTS, INC.<br>515 EAST PARK AVENUE<br>TALLAHASSEE, FL 32301 |  | 7. Name and Address of New Registered Agent<br>Name <i>SAME</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>President<br/>Peter J. Neary<br/>1435 Washington Ave.<br/>Miami Beach, FL 33139</i> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #