2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 11, 2008 8:00 am Secretary of State 08-11-2008 90027 015 ***138.75

1. Entity Nam	e	# L0700045 MANAGEMENT, L			08-11-200	08 90027 015	***138.7	5		
Principal Place of Business 1128 S.W. 18TH STREET FT. LAUDERDALE, FL 33315			Mailing Address 1128 S.W. 18TH STREET FT. LAUDERDALE, FL 33315			50009286				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08042008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Numb	er		— 	oplied For of Applicable
Zip	ip Country		Zip Coun		try	5. Certificate	of Status Des		\$5.00 Add Fee Required	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of i	New Registered A	gent	
SPIEGEL & UTRERA, P.A.										
1840 SW 2	22ND ST.			Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOO MIAMI, FL										
				City			FL	Zip Code	e	
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 access the obligations of registered agent.										and accept
SIGNATURE Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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FILE NOWIII FEE IS:\$138.75 Due by September 12, 2008 In accordance with s. 607.1 liability company did not recompany di										
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDIT	IONS/CHANGES		
TITLE NAME	MGR	CARV	☐ Delete	ITTLE					☐ Change	Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	FT. LAUD	ERDALE, FL 33315		спу	-ST-ZIP					
TITLE	MGR	10000	☐ Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS	DEWEY, . 1128 S.W	JOSEPH 7. 18TH STREET	•	NAME STRE	ET ADDRESS					
CITY-ST-ZIP	FT. LAUD	ERDALE, FL 33315	·	CITY	-ST-ZIP					
IME	S	DADDADA	Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS		, BARBARA 7. 18TH STREET		NAME STRE	ET ADDRESS					
CITY-ST-ZIP	ľ	ERDALE, FL 33315			-ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADORESS				NAME STRE	E Et address					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition-
NAME STREET ADDRESS				NAME	E Et adoress					
CITY-ST-ZIP					-ST-ZIP					
ITILE			☐ Delete	ШТ					☐ Change	☐ Addition
NAME CIDEET ADDRESS				NAME						
STREET ADORESS City-St-Zip		^			ET ADDRESS -ST-ZIP					
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										
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 employered to execute this report as required by Chapter 608, Florida Statutes.										
(/ / act-801)										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dato Daytima Phone # 180										