


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90223 009 ***138.75

| | |
|---|---|
| DOCUMENT # L07000047581 |  |
| 1. Entity Name NORTH DALE AND BRANDON LLC | |

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| Principal Place of Business 1441 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131 | Mailing Address 1441 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131 |
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| 2. Principal Place of Business - No P.O. Box # 1221 Brickell Ave. | 3. Mailing Address PO Box 193846 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------------|-------------------------------------|
| City & State Miami, Florida | City & State San Juan, PR |
| Zip 33131 | Zip 00919-3846 |
| Country | Country |

60013068



02272008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 75-3240703 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |

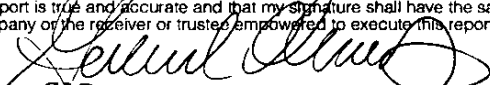
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) 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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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  GABRIEL OLIVERA, MGRM | 3-01-08 | 787-764-5655 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |