


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90020 040 ***138.75

DOCUMENT # L07000049150	
1. Entity Name FIMIANI MANAGEMENT, LLC	

Principal Place of Business 800 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33431 US	Mailing Address 800 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33431 US
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60000735



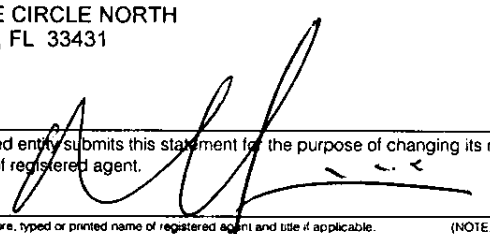
2. Principal Place of Business - No P.O. Box # 399 W. Palmetto Park Rd	3. Mailing Address 399 W. Palmetto Park Rd
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432	Country U.S.A.

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0143231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FIMIANI, MICHAEL J 800 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Michael J. Fimiani Street Address (P.O. Box Number is Not Acceptable) 399 W. Palmetto Park Rd. Suite 200 City Boca Raton FL Zip Code 33432
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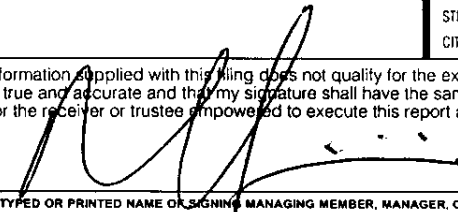
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **01/07/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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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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

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: 	DATE 01/07/08 DAYTIME PHONE # 561.395.8882
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	