2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L07000049504

FILED May 22, 2008 8:00 am Secretary of State 04-21-2008 90303 043 ***138.75

1. Entity Name IMM 4810, LLC									
Principal Place of Business 125 GRANADA COURT PALM SPRINGS, FL 33461		Mailing Address 125 GRANADA COURT PALM SPRINGS, FL 33461							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suire. Apt. #, etc.			04082008	Chg-LLC	CR2E0	33 (12/06)	
City & State		City & State				er 2. 6−015	392		pplied For of Applicable
Zip	Country	Zip	Zip Country		_	e of Status Desired		5.00 Ad	ditional
6. Name and Address of Current Registered Agent				Name	7. Name an	d Address of New R	egistered A	gent	
MELDRIM, IRVIN M 125 GRANADA COURT PALM SPRINGS, FL 33461				Street Address (P.O. Box Number is Not Acceptable)					
PAUM SPE	(11405), FL 33401								
•				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 registated agent and talle if applicable (NOTE: Registated Agent agreeure required when reinstating) DATE									
	NOWI!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75			٠		e check pa Departma			
9. IDLE	MANAGING MEMBE		10.	7-		ADDITIONS/	_		
NAME STREET ADDRESS CHY+ST-ZIP	MELDRIM, IRVIN M 125 GRANADA COURT PALM SPRINGS, FL 33461	☐ Detate						Ctange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGR MELDRIM, DORA G 125 GRANADA COURT PALM SPRINGS, FL 33461	Odds		1				☐ Change	Addition
ITTLE NAME SIREEI ADDRESS CITY-S1-21P	Deleie ITT. HAAN STR			II				Change	Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delas		ļ.				Change	Addition
HITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		1			_	Change	Addition
HAME STREET ADDRESS CITY-ST-DP		☐ Oelde		1				Change	Addition
11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: M.M. 4-16-08 561-965-4454									