

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90094 010 \*\*\*143.50

DOCUMENT # L07000052526

1. Entity Name  
CONSOLIDATED PARKING, LLC



Principal Place of Business 170 NE 1ST ST. 15516 BISCAYNE BLVD. 170 NE 1ST ST  
NORTH MIAMI, FL 33160 MIAMI, FL 33132 NORTH MIAMI, FL 33160 MIAMI, FL 33132

2. Principal Place of Business - No P.O. Box # 170 NE FIRST STREET  
Suite, Apt. #, etc.

3. Mailing Address 170 NE FIRST STREET  
Suite, Apt. #, etc.

City & State MIAMI FLORIDA  
Zip 33132 Country US

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01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0703689

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MEYERS, MICHAEL  
170 NE 1ST ST  
MIAMI, FL 33132

## 7. Name and Address of New Registered Agent

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 MICHAEL MEYERS MEMBER 1/24/08  
(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

TITLE MGR  
NAME SCHWARTZ, JAY D  
STREET ADDRESS 15516 BISCAYNE BLVD.  
CITY-ST-ZIP NORTH MIAMI, FL 33160 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME MICHAEL MEYERS  
STREET ADDRESS 170 NE FIRST STREET  
CITY-ST-ZIP MIAMI, FL 33132 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: MICHAEL MEYERS 1/24/08 305 358-7275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #