


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

01-30-2008 90094 008 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L07000052527**

1. Entity Name  
 DUPONT PARKING, LLC.



Principal Place of Business  
 15516 BISCAYNE BLVD.  
 NORTH MIAMI, FL 33160

Mailing Address  
 15516 BISCAYNE BLVD.  
 NORTH MIAMI, FL 33160

2. Principal Place of Business - No P.O. Box #  
 170 NE 1st STREET  
 Suite, Apt. #, etc.

3. Mailing Address  
 170 NE 1st STREET  
 Suite, Apt. #, etc.

City & State  
 MIAMI FL

City & State  
 MIAMI FL

Zip  
 33132

Country  
 US



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 26-0753382

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHWARTZ, JAY D  
 15516 BISCAYNE BLVD.  
 NORTH MIAMI, FL 33160

**7. Name and Address of New Registered Agent**

Name  
 MICHAEL MEYERS

Street Address (P.O. Box Number is Not Acceptable)  
 170 NE FIRST STREET

City  
 MIAMI

FL Zip Code  
 33132

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 DATE 1/29/08

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, JAY D 15516 BISCAYNE BLVD. NORTH MIAMI, FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL MEYERS 170 NE FIRST STREET MIAMI FLORIDA 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Michael Meyers DATE 1/29/08 DAYTIME PHONE # 305-358-7275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE