2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# L07000057956

Entity Name: SHOWPLACE CRYSTAL SQUARE, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-0431258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: FIELDSTONE, RONALD R
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR ( ) Change (X) Addition
Name: GOUGHAN, LEO
Address: 450 W. PARK ROAD, #403
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGR ( ) Change (X) Addition
Name: AGHA, MICHAEL
Address: 6301 COLLINS AVENUE, #2505
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD R. FIELDSTONE MGR 01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date