2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

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DOCUMENT # L07000070544 1. Entity Name 1220 SOUTH OCEAN BOULEVARD, LLC							03-07-20	08 90226 047 **	*138.75	
Principal Place of Business Maiing Address							200-			
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address									101 11	
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Suite Ant	# 810		Suite, Apt. #, etc.			1				
Suits, Apt. #, etc.			Solle, Apr. 4, sid.			02262008	Chg-LLC	CR2E083 (12/06)		
City & State			City & State			4. FEI Numb	er .	ı I IA	pplied For	
City & State			City a State			フノー	06680	15 Hi	ot Applicable	
7			Zip Country			- 20 -	0000	\$E 00		
ZIP	Zip Country		2.0		u, y	5. Certificate of Status Desired \$5.00 Additional Fee Required				
			<u></u>			7Name and Address of New Registered Agent				
	6. Name	and Address of Current	Registered Agent		Alama	r. Name and	Address of New F	registered Agent		
				Name						
		HNER, P.A.		Street Address			(P.O. Box Number is Not Acceptable)			
	DERAL H	WY		Street Address			or is two receptable	47		
314 BOCA RATON, FL 33432										
BOCA RA	10N, FL 3	3432								
					City			FL Zip Cod	le	
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			or the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Fl	orida. I am familiar with.	and accept	
the obligations of registered agent.										
SIGNATURE .										
SIGNATURE.	Signature, typed	or printed Harre of registered agent	and title if applicable. (NOT)	E: Registere	d Agent signature required	when remalating)		DATE		
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En E	NOWILL I	EE IS \$138.75				Mal	e check payable to			
After May	1, 2008	Fee will be \$538.7	5					a Department of Stat	. l	
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9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
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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 donature shall have the same legal effect as if made under oath; that I am a managing member or manager of the										
indicated on this report is true and accurate and that my donature shall have the same legal effect as if made under cath; that I am a managing member or manager of the imited liability company or the receiver or trustee empty and to execute this report as required by Chapter 608, Florida Statutes.										
]			<i>y : : - m</i>						,	
		1	OF SIGNING MANAGONG MEMBER, MA	$\mathcal{D}_{\mathbf{A}}$	15 Cm	A. Casi	3/3/08	(561)800	- 4411	
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