

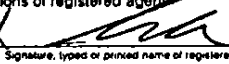
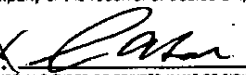
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

47.

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-28-2008 90040 014 ***138.75

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DOCUMENT # L07000072087			
1. Entity Name ANDREW C. HALL PROPERTIES, LLC			
Principal Place of Business 1428 BRICKELL AVENUE EIGHTH FLOOR MIAMI, FL 33131 US		Mailing Address 1428 BRICKELL AVENUE EIGHTH FLOOR MIAMI, FL 33131 US	
2. Principal Place of Business - No P.O. Box # 2665 So. Bayshore Drive		3. Mailing Address ← Same	
Suite, Apt. #, etc. Penthouse One		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33133	Country Miami-Dade	Zip	Country
4. FEI Number 87-0805628		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, ANDREW C 1428 BRICKELL AVENUE EIGHTH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name 2665 So. Bayshore Drive Penthouse One City Miami FL Zip Code 33133	
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 		DATE 4/24/08	
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, ANDREW C 1428 BRICKELL AVENUE MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2665 So. Bayshore Drive, PH-1 Miami, FL 33133 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 		DATE 4/24/08 (205) 374-5030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	