
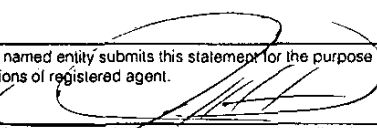
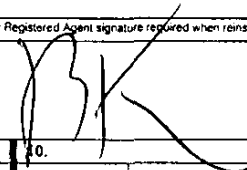
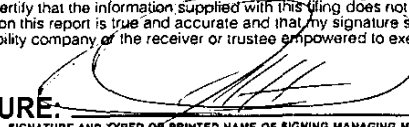


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 JAN 24 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|---|--|--|--------------------------|
| DOCUMENT # L07000073703 | | | |  | |
| 1. Entity Name 5902 N. 50TH HOLDINGS, LLC | | | | | |
| Principal Place of Business 18305 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33160 | | | Mailing Address 18305 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33160 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01102008 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Name Politano, Jonathan R. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 18305 Biscayne Boulevard, Suite 400 | | |
| | | | City Aventura | | FL Zip Code 33160 |
| 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  | | (NOTE: Registered Agent signature required when reinstating) | | DATE 01/12/2008 | |
| 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 Politano, Jonathan R. 18305 Biscayne Blvd., Ste. 400 Aventura, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500116362785 01/29/08--01036--003 **138.75 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Mgr Politano, Ana Karina 18305 Biscayne Blvd., Ste. 400 Aventura, FL 33160 <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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:  | | Jonathan R. Politano, Mgr. | | Date 01/12/2008 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |