## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Business 18305 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33160  2. Principal Place of Business - No P.O. Box * 18305 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33160  2. Principal Place of Business - No P.O. Box * 3. Melling Address Suite, Apt. #, etc.  City & State  Ci	2008 LIMITED LIAB ANNUAL F	ILITY COMP REPORT	PANY	FILED
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apl. #, etc.	I. Entity Name			OB JAN 24 PH 2: 41  TALL AHASSEC OF SILVE
Suite. Apt. #, etc.    Suite. Apt. #, etc.   O1102008   Chg-LLC   CR2E083 (12/06)	18305 BISCAYNE BLVD., SUITE 400	18305 BISCAYNE BLVD.,	Suite 400	
City & State  Country  Coun	. Principal Place of Business - No P.O. Box #	Mailing Address		
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   \$5.00 Additional Fee Requ	Suite, Apt. #, etc.			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent Name Politano, Jonathan R.  Street Address (P.O. Box Number is Not Acceptable)  18305 Biscayne Boulevard, Suite 400  City Aventura  FL Zip C93160  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  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  ITILE  Mgr Politano, Jonathan R.  SIRRET ADDRESS SIRRET ADDRESS CITY-ST-2P  Aventura, FL 33160  Delete  ITILE  Mgr Politano, Ana Karina SIRRET ADDRESS CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  CITAGRE  Aventura, FL 33160  CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  CITAGRE  Aventura, FL 33160  CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  CITAGRE  Aventura, FL 33160  CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  CITAGRE  Aventura, FL 33160  CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  CITAGRE  Aventura, FL 33160  CITY-ST-2P  CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  CITY-ST-2P  Aventura, FL 33160  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P	City & State	City & State		4. FEI Number Applied For Not Applied Solution Not Applied Not Applied Solution Not Applied Solution Not Applied Not App
Name Politano, Jonathan R.  Street Address (P.O. Box Number is Not Acceptable)  18305 Biscayne Boulevard, Suite 400  City Aventura  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  Sepalure, hield or prefed rained of registered agent into their displacable.  INDEE Required Agent sepagate recurred when remissaring)  Make check payable to Florida Department of State  9. MANAGING MEMBERS / MANAGERS  ITILE Mgr Delete  NAME  10. ADDITIONS / CHANGES  ITILE MARE  10. ADDITIONS / CHANGES  10. ADDITIONS	Zip Country	Zip	Country	
Street Address (P.O. Box Number is Not Acceptable)  18305 Biscayne Boulevard, Suite 400  City Aventura FL Zip C93160  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 act the obligations of registered agent.  SIGNATURE  Signature, speed subflact ordered registered agent woulded applicable. (MOTE: Registered Agent songue reduced when remaining)  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10. ADDITIONS/CHANGES  10. ADDITIONS/CHANGES  10. ADDITIONS/CHANGES  10. Change Make  10. SIREET ADDRESS  10. CTY-S1-2P  Aventura, FL 33160  10. Change Make  10. SIREET ADDRESS  10. CTY-S1-2P  10. ADDITIONS/CHANGES  10. Change Make  10. SIREET ADDRESS  10. CTY-S1-2P  10. AVENTURA, FL 33160  10. Change Make  10. Change Make  10. Change Make  10. Change Make  10. SIREET ADDRESS  10. CTY-S1-2P  10. AVENTURA, FL 33160  10. Change Make  10. Change Mak	6. Name and Address of Current Reg	istered Agent	Name Poli	
18305 Biscayne Boulevard, Suite 400	200 SOUTH PINE ISLAND ROAD		Street Address (I	P.O. Box Number is Not Acceptable)
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### After May 1, 2008 Fee will be \$538.75    9.   MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES	Signature, typed or prefiled name of registered agont and til	tle if applicable. (NOTE: Re	gistered Agent signature required	when reinstating) DATE
TITLE Mgr   Delete   TITLE   NAME   Politano, Jonathan R.   SIREET ADDRESS   18305 Biscayne Blvd., Ste. 400   City-st-zip   Aventura, FL 33160   TITLE   Mgr   Delete   NAME   Politano, Ana Karina   SIREET ADDRESS   CITY-St-Zip   Aventura, FL 33160   City-st-zip   TITLE   NAME   SIREET ADDRESS   CITY-St-Zip   Aventura, FL 33160   City-st-Zip   Aventura, FL 33160   City-st-Zip   Aventura, FL 33160   City-st-Zip   Aventura, FL 33160   City-st-Zip   Change   Address   City-st-Zip   Aventura, FL 33160   City-st-Zip   Change   Address   City-st-Zip   Change   Change   Address   City-st-Zip   Change		γ	)K	
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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.				