

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L07000073719 1. Entity Name ALSOBROOK & PARK 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		4. FEI Number 26-1530917	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 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				DATE 01/18/2008	
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	Mgr <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Politano, Jonathan R.		NAME		
STREET ADDRESS	18305 Biscayne Blvd., Ste. 400		STREET ADDRESS		
CITY-ST-ZIP	Aventura, FL 33160		CITY-ST-ZIP		
TITLE	Mgr <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Politano, Ana Karina		NAME		
STREET ADDRESS	18305 Biscayne Blvd., Ste. 400		STREET ADDRESS		
CITY-ST-ZIP	Aventura, FL 33160		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 01/18/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

