2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 JAN 24 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000073720

1. Entity Name
10.35 MIAMI-DADE HOLDINGS, LLC

Principal Place of Business	Mailing Address
18305 BISCAYNE BLVD., SUIE 400 AVENTURA, FL 33160	18305 BISCAYNE BLVD., SUIE 400 AVENTURA, FL 33160

01102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 26-1530872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/13/2008 DATE

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000116364120 01/29/08--01037--004 **138.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Politano, Ana Karina 18305 Biscayne Blvd., Ste. 400 Aventura, FL 33160	☐ 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: ________ Jonathan R. Politano, Mgr. 01/13/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #