

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90094 006 \*\*\*143.75

DOCUMENT # L07000085968			
1. Entity Name DECO PARKING, LLC			
Principal Place of Business 170 N.E. FIRST STREET MIAMI, FL 33132		Mailing Address 170 N.E. FIRST STREET MIAMI, FL 33132	
2. Principal Place of Business - No P.O. Box # 237 20TH STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH FL		City & State	
Zip 331	Country US	Zip	Country
4. FEI Number 26-1086027		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MEYERS, MICHAEL A 170 N.E. FIRST STREET MIAMI, FL 33132		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		Michael Meyers McAnbon 1/24/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> 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 MEYERS, MICHAEL A 170 N.E. FIRST STREET MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		McAnbon 1/24/08 305-358-7275 Date Daytime Phone #	