


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 023 ***138.75

DOCUMENT # L07000090293	
1. Entity Name 315 BIRCH, LLC	

Principal Place of Business 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134
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50006028

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0832423	Applied For Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2">SHEAR, DAVID 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134</td> <td colspan="2"> Name: Gordon Deckelbaum Street Address (P.O. Box Number is Not Acceptable): 3201 W. Griffin Road, Ste. 106 City: Dania Beach FL Zip Code: 33312 </td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		SHEAR, DAVID 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134		Name: Gordon Deckelbaum Street Address (P.O. Box Number is Not Acceptable): 3201 W. Griffin Road, Ste. 106 City: Dania Beach FL Zip Code: 33312	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent							
SHEAR, DAVID 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134		Name: Gordon Deckelbaum Street Address (P.O. Box Number is Not Acceptable): 3201 W. Griffin Road, Ste. 106 City: Dania Beach FL Zip Code: 33312							

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: Gordon Deckelbaum DATE: 4/29/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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: Gordon Deckelbaum DATE: 4/29/08 DAYTIME PHONE: 954-965-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE