

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-28-2008 90039 022 ***538.75

DOCUMENT # L07000098012 1. Entity Name LA PROVENCE 41ST STREET, LLC			
Principal Place of Business 1627 COLLINS AVENUE MIAMI BEACH, FL 33139 US		Mailing Address 1627 COLLINS AVENUE MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box # 433 W 41st Street Suite, Apt. #, etc.		3. Mailing Address 2106 NW 13th Avenue Suite, Apt. #, etc.	
City & State MIAMI BEACH - FL Zip 33140		City & State MIAMI - Florida Zip 33142	
4. FEI Number 261159329		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. SUITE 1500 (R1S) MIAMI, FL 33131		7. Name and Address of New Registered Agent Name RCARLIN - C/O BEREN FELD-SPRITZER Street Address (P.O. Box Number is Not Acceptable) SITECHTEL - Sheer 2525 Ponce de Leon City Coral Gables FL Zip Code 33134	
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 <u>R. Carlin</u> <u>RCARLIN</u> <u>07/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP David Thau President 2106 NW 13th Ave. Miami 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>David Thau</u> <u>DAVID THAU</u> <u>07/3/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date Daytime Phone #	

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