2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State DOCUMENT #L07000101033 02-08-2008 90097 006 ***138.75 1. Entity Name 8141, LLC Principal Place of Business Mailing Address 111 NE 21ST STREET 111 NE 21ST STREET MIAMJ, FL 33137 MIAMI, FL 33137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26 - 1214647 Not Applicable Country . Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCHENRY, JONATHAN 111 NE 21ST STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33137 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE ☐ Delete ☐ Change ☐ Addition MCHENRY, JONATHAN NAME NAME 111 NE 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change ☐ Addition CASSAN, DAVID NAME NAME STREET ADDRESS 111 NE 21ST STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33137 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP 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 fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 08, 2008 8:00 am

Daytime Phone #