## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L07000102270** 

## FILED Aug 07, 2008 8:00 am Secretary of State

08-07-2008 90009 017 \*\*\*138.75

CENTER EQUITIES LLC Principal Place of Business Mailing Address 50009134 1800 SUNSET HAARBOR DRIVE 1800 SUNSET HAARBOR DRIVE # 1015 # 1015 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1800 1800 Prdu Purdu Suite, Apt. #, etc. Suite, Apt. #, etc. #1015 07162008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number each Beach 35-2311035 Miam IM (an) i Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, RICK 100 LINCOLN ROAD # 546 MIAMI, FL 33137 33141 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 <del>Jest</del> (NOTE: Registered Agent signature required when reinstating) SIGNATURE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEE IS \$138.75 Make check payable to Due by September 12, 2008 Florida Department of State . 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE □ Delete TITLE ☐ Change ■ Addition GREENBERG, MELISSA NAME STREET ADDRESS 1800 SUNSET HARBOR DRIVE # 1015 STREET ADDRESS MIAMI BEACH, FL 33139 . 4CiTY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING MANAGIN

G MEMBER, NAMAGER, OR AUTHORIZED REPRESENTATIVE

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