2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 11, 2008 8:00 am Secretary of State

DOCUMENT # L07000104278 1. Entity Name 350 CONDOMINIUM, LLC						03-11-2008	90130 038 ***1:	38.75
Principal Place of Business 300 SE 2ND STREET FT. LAUDERDALE, FL 33301		Mailing Address 300 SE 2ND STREET FT. LAUDERDALE, FL 33301		60013863				
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01082008	Chg-LLC	CR2E083 (12/06)	1
City & State		City & State			4. FEI Numb	er PPLICABLE	├	pplied For ot Applicable
Zip	Country Zip Co		Count	5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent			
	RPORATE SERVICE, INC. S OLAS BLVD, STE 100				P.O. Box Numb	per is Not Acceptable)	
FT. LAUDE	ERDALE, FL 33301							
		City		City			FL Zip Coo	de
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or bo	oth, in the State of Flo	vida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E: Registered	d Agent signature required	d when reinstating)		DATE	
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7				ų.	Mak Florida	e check payable to Department of Sta	te.
9.	MANAGING MEMBI	ERS/MANAGERS	10.	1	•	ADDITIONS/	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 BE 2MG 562606						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	ı	☐ Delete	J	et address			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZMP		☐ Delete	TITLE NAME STREE				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1	į.			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition
indicated	certify that the information supplied wit on this report is true and accurate and billity company or the receiver or truste	d that my signature shall have be empowered to execute this	the same	e legal effect as if r	nade under oat	h; that I am a manac		

Terry W. Stiles January 31, 2008 954-627-9300
MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #