

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112717

Entity Name: 225 HABITAT CENTER, L.L.C.

FILED  
Feb 05, 2008  
Secretary of State

**Current Principal Place of Business:**

4047 OKEECHOBEE BOULEVARD, NO.225  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

4047 OKEECHOBEE BOULEVARD, NO.225  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

8276 QUITO PLACE  
WELLINGTON, FL 33414

FEI Number: 26-1898669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, JUAN M  
4047 OKEECHOBEE BOULEVARD, NO.225  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: DIAZ, JUAN M  
Address: 4047 OKEECHOBEE BLVD STE 225  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN M DIAZ

PRES

02/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date