

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114200

Entity Name: BRIAN MCELROY LLC

FILED
Aug 27, 2008
Secretary of State

Current Principal Place of Business:

7717 BYRON AVENUE, APT. 10
MIAMI BEACH, FL 33141

New Principal Place of Business:

12550 BISCAYNE BOULEVARD
500
NORTH MIAMI, FL 33181

Current Mailing Address:

7717 BYRON AVENUE, APT. 10
MIAMI BEACH, FL 33141

New Mailing Address:

12550 BISCAYNE BOULEVARD
500
NORTH MIAMI, FL 33181

FEI Number: 33-1191108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCELROY, BRIAN
7717 BYRON AVENUE, APT. 10
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

MCELROY, BRIAN
12550 BISCAYNE BOULEVARD
500
NORTH MIAMI, FL 33181 US

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: BRIAN MCELROY

08/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCELROY, BRIAN
Address: 7717 BYRON AVENUE, APT. 10
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCELROY, BRIAN
Address: 12550 BISCAYNE BOULEVARD SUITE 500
City-St-Zip: NORTH MIAMI, FL 33181 US

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: BRIAN MCELROY

MR.

08/27/2008

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