

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

04-24-2008 90032 001 ***832.50

DOCUMENT # L07000119193 1. Entity Name 2406 LLC																																																																																			
Principal Place of Business 201 S BISCAYNE BLVD. SUITE 2400 MIAMI, FL 33131			Mailing Address 201 S BISCAYNE BLVD. SUITE 2400 MIAMI, FL 33131																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																
City & State			City & State																																																																																
Zip		Country		Zip																																																																															
Country		Country		02112008 Chg-LLC CR2E083 (12/06)																																																																															
4. FEI Number 26-1571333				Applied For ☐ Not Applicable																																																																															
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent OCARIZ, HUMBERTO H 201 S BISCAYNE BLVD. SUITE 2400 MIAMI, FL 33131																																																																															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				State 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 _____ DATE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)																																																																																			
FILE NOW!!! FEE IS \$136.75 After May 1, 2008 Fee will be \$536.75				Make check payable to Florida Department of State																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GERSTL, ALFREDO</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 S BISCAYNE BLVD. SUITE 2400</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	NAME	GERSTL, ALFREDO		NAME			STREET ADDRESS	201 S BISCAYNE BLVD. SUITE 2400		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP																																																		
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																			
SIGNATURE: _____ Date _____ SIGNATURE AND PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																			