

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2008 90032 001 ***832.50

DOCUMENT # L07000119235 1. Entity Name 2488 LLC					
Principal Place of Business 201 SO BISCAYNE BLVD STE 2400 MIAMI, FL 33131			Mailing Address 201 SO BISCAYNE BLVD STE 2400 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
02112008 Chg-LLC CR2E083 (12/06)					
4. FID Number 26-1571427				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 SO BISCAYNE BLVD STE 2400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and date of application PHOTO: Registered Agent signature required when renewing DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSTL, ALFREDO 201 SO BISCAYNE BLVD STE 2400 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF BOSSOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Debra Phone #					