

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000120866

FILED
Mar 13, 2008
Secretary of State**Entity Name:** 3011 NORTHWEST 36TH STREET, L.L.C.**Current Principal Place of Business:**1395 BRICKELL AVENUE, FOURTEENTH FLOOR
MIAMI, FL 33131**New Principal Place of Business:**3260 NW 30 AVE
MIAMI, FL 33142**Current Mailing Address:**1395 BRICKELL AVENUE, FOURTEENTH FLOOR
MIAMI, FL 33131**New Mailing Address:**9000 ARVIDA DRIVE
CORAL GABLES, FL 33156**FEI Number:** 26-1516707**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WOOD, RICHARD A ESQ.
1395 BRICKELL AVENUE, FOURTEENTH FLOOR
MIAMI, FL 33131 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:** MGRM () Delete
Name: TIMINSKY, GEORGE R
Address: 1395 BRICKELL AVENUE, FOURTEENTH FLOOR
City-St-Zip: MIAMI, FL 33131**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: TIMINSKY, GEORGE R
Address: 9000 ARVIDA DR
City-St-Zip: CORAL GABLES, FL 33156**Title:** VP () Change (X) Addition
Name: ROSENBAUM, SCOTT
Address: 9000 ARVIDA DR
City-St-Zip: CORAL GABLES, FL 33156

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: GEORGE R. TIMINSKY

MGRM

03/13/2008

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