

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125199

FILED
Mar 20, 2008
Secretary of State

Entity Name: 845 DILIDO, LLC

Current Principal Place of Business:

1111 PARK CENTRE BLVD #360
MIAMI, FL 33169

New Principal Place of Business:

1111 PARK CENTRE BLVD
SUITE 360
MIAMI, FL 33169

Current Mailing Address:

1111 PARK CENTRE BLVD #360
MIAMI, FL 33169

New Mailing Address:

1111 PARK CENTRE BLVD
SUITE 360
MIAMI, FL 33169

FEI Number: 26-1616296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMKINS, RONALD
1111 PARK CENTRE BLVD #360
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

LLERA, KAREN H
1111 PARK CENTRE BLVD
SUITE 360
MIAMI, FL 33169 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: KAREN H. LLERA

03/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMKINS, RONALD
Address: 1111 PARK CENTRE BLVD #360
City-St-Zip: MIAMI, FL 33169

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMKINS, MICHAEL
Address: 1111 PARK CENTRE BLVD # 360
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Change (X) Addition
Name: SIMKINS FAMILY LTD., PARTNERSHIP
Address: 1111 PARK CENTRE BLVD # 360
City-St-Zip: MIAMI, FL 33169

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: MICHAEL R. SIMKINS

MGR

03/20/2008

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