

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095341

Entity Name: EPIC UNIT 4808, LLC

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

765 CRANDON BLVD., #201  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

1000 BRICKELL AVENUE  
SUITE 300  
MIAMI, FL 33131

## Current Mailing Address:

C/O 1000 BRICKELL AVENUE, SUITE 300  
MIAMI, FL 33131

## New Mailing Address:

1000 BRICKELL AVENUE  
SUITE 300  
MIAMI, FL 33131

FEI Number: 26-4570401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVENUE, SUITE 300  
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: MGR ( ) Delete  
Name: DEL ROSARIO, MARIA  
Address: 1000 BRICKELL AVENUE, STE. 300  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: COEN, RENZO  
Address: 1000 BRICKELL AVENUE, STE. 300  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DE COEN, MARIA DEL ROSA  
Address: 1000 BRICKELL AVENUE, STE. 300  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RENZO COEN

MGR

04/17/2009

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