


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000003537
 1. Entity Name
FEDERAL HIGHWAY ASSETS, L.L.C.



Principal Place of Business 17401 BRIDLE WAY TRAIL BOCA RATON, FL 33496	Mailing Address PO BOX 370666 MIAMI, FL 33137
-------------------------------------------------------------------------------	-----------------------------------------------------

DO NOT WRITE IN THIS SPACE



03222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0929773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M
 222 LAKEVIEW AVENUE, SUITE 260
 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 LLC representative. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000874714
 04/11/08-90003-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BARNETT, MURRAY 17401 BRIDLE WAY TRAIL BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BARNETT, SYLVIA 17401 BRIDGEWAY TRAIL BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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: 3/18/08 FILING FEE: 209-473 2953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE