

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-07-2008 90091 023 ***150.00

DOCUMENT # L99000003749
1. Entity Name
THE 100 LAW BUILDING, L.L.C.



Principal Place of Business: BARBARA FINIZIO, 3263 NW 61ST STREET, BOCA RATON FL 33496
Mailing Address: BARBARA FINIZIO, 3263 NW 61ST STREET, BOCA RATON FL 33496

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0934332
Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
FINIZIO, BARBARA
3263 NW 61ST ST.
BOCA RATON FL 33496

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: _____ 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: MGRM NAME: FINIZIO, BARBARA B STREET ADDRESS: 3263 NW 61ST ST CITY-ST-ZIP: BOCA RATON FL 33496	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: Gina Reed, <i>manager</i> STREET ADDRESS: 1080 River Run CITY-ST-ZIP: Bishop, GA 30621	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE