

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001361

FILED
Jan 15, 2008
Secretary of State

Entity Name: TAMARAC SHOWPLACE, L.L.C.

Current Principal Place of Business:

201 ALHAMBRA CIR
SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIR
SUITE 601
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0391588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 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: FIELDSTONE, RONALD
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GOUGHAM, LED
Address: 450 NORTH PARK RD #403
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: AGHA, MICHAEL
Address: 6301 COLLINS AVE #2505
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GOUGHAM, LEO
Address: 450 NORTH PARK RD #403
City-St-Zip: HOLLYWOOD, FL 33021

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: RONALD R. FIELDSTONE

MGR

01/15/2008

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