

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002654

FILED  
Nov 03, 2008  
Secretary of State

Entity Name: CRISPIN PORTER & BOGUSKY LLC

## Current Principal Place of Business:

3390 MARY ST. STE. 300  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

3390 MARY STREET  
SUITE 300  
COCONUT GROVE, FL 33133

## Current Mailing Address:

3390 MARY ST. STE. 300  
COCONUT GROVE, FL 33133

## New Mailing Address:

3390 MARY STREET  
SUITE 300  
COCONUT GROVE, FL 33133

FEI Number: 65-1063056      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

STRICKROOT, JOHN C ESQ.  
1395 BRICKELL AVENUE  
14TH FLOOR  
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: PORTER, CHARLES K  
Address: 1501 W. 24TH ST., SUNSET ISLAND 3  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Delete  
Name: BOGUSKY, ALEX  
Address: 421 HIGHLAND AVE  
City-St-Zip: BOULDER, CO 80302

Title: MGR ( ) Delete  
Name: HICKS, JEFFREY J  
Address: 7421 SW 53 CT  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: STEINHOOR, JEFFREY H  
Address: 635 N GREENWAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete  
Name: MORDEN, BEVERLY A  
Address: 35A HAZELTON AVE.  
City-St-Zip: TORONTO, ONTARIO, CA M5R 2E3,

Title: MGR (X) Delete  
Name: GIBSON, GLENN  
Address: 35A HAZELTON AVE.  
City-St-Zip: TORONTO, ONTARIO, CA M5R 2E3,

## ADDITIONS/CHANGES:

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

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

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

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

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

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: CHARLES PORTER

MGR

11/03/2008

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