## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam BOCA EA		)531 				05-05-20	08 90034	JO3 ***1	38./5	
Principal Place of Business 250 AUSTRALIAN AVE. SOUTH, STE. 1003 WEST PALM BEACH, FL 33401  Mailing Address 250 AUSTRALIAN AVE. SOUTH, WEST PALM BEACH, FL 33401				03						
2. Principal Place of Business (No P.O. Boll# 1801 S. Hustralian Hyll 1801 S. Hustralian Hyll Suite, Apt. #, etc. Suite, Apt. #, etc.			alians	Ave						
1 Consolid					04102008	Chg-LLC	CR2E08	3 (12/06)		
West Falm Beach FL West Palm Beach			ch Fl		4. FEI Number Applied For 75-3025285 Not Applicable					
<sup>zi</sup> 3334	fug Country	2°33409	Country		5. Certificate	e of Status Desired		5.00 Add ee Required		
	6. Name and Address of Current I		7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY  Street Ac					dress (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Office ( Address ( F.O. DOX Notifice is NOT Acceptable)						
			City		·····			Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re		or register	ed agent, or bo	oth, in the State of F	FL lorida. I am fa	,		
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and little II applicable. (NOTE: Registered Agent signature required when reinstating) OATE.										
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State					
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGES	b/a.		
TITLE NAME	SCHLESINGER, ADAM	☐ Delete	TITLE NAME	100	C On	tralia.	ANI	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	250 AUSTRALIAN AVE S. WEST PALM BEACH, FL 33401		STREET ADDRESS CITY-ST-ZIP	1001	ST Palm	stralian Beach	F1. 3:	3409		
TITLE	<u> </u>	☐ Delete	TITLE			.5(4.64		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	;						
CITY-ST-ZIP			CITY-ST-ZIP		<del> </del>		<del></del>			
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP	;						
TITLE		☐ Delete	TITLE	+				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	;						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	;						
CITY-ST-ZIP	<u> </u>	· Delete	CITY-ST-ZIP	<del> </del>				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					-		
CITY-ST-ZIP			CITY-ST-ZIP							
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 agnature 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 of trustee exponence to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Despire Phone #										