

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90402 004 \*\*\*138.75

60011997



02272008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M02000000913</b> 1. Entity Name <b>LA ESPANOLA ASSOCIATES, LLC</b>			
Principal Place of Business <b>2401 COLLINS AVENUE #1205 #1205 MIAMI BEACH, FL 33140</b>		Mailing Address <b>2401 COLLINS AVENUE #1205 #1205 MIAMI BEACH, FL 33140</b>	
2. Principal Place of Business - No P.O. Box # <b>785 NANDINA DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>785 NANDINA DR</b> Suite, Apt. #, etc.	
City & State <b>WESTON FL</b> Zip <b>33327</b>		City & State <b>WESTON FL</b> Zip <b>33327</b>	
4. FEI Number <b>65-1054976</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DANNER, STEVE 1200 BRICKELL AVE STE. 700 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>SANDRA BERKOWITZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>785 NANDINA DR</b> City <b>WESTON FL</b> Zip Code <b>33327</b>	
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 <u><i>Sandra Berkowitz</i></u> DATE <b>02/27/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SALOMON, CATHERINE</b> <b>2401 COLLINS AVENUE #1205</b> <b>MIAMI BEACH, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SALOMON, CATHERINE</b> <b>785 NANDINA DR</b> <b>WESTON, FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BERKOWITZ, SANDRA</b> <b>2401 COLLINS AVENUE #1205</b> <b>MIAMI BEACH, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>BERKOWITZ, SANDRA</b> <b>785 NANDINA DR</b> <b>WESTON, FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Sandra Berkowitz</i></u> <b>SANDRA BERKOWITZ</b> <b>02/27/08</b> <b>954-8886922</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			