
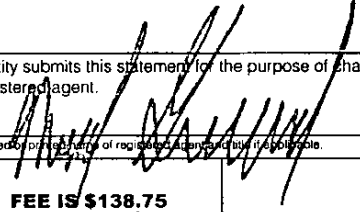
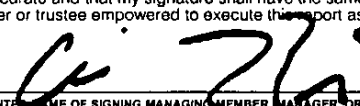


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90188 026 ***138.75

DOCUMENT # M06000005414 1. Entity Name PALMETTO BROOKVIEW OPERATING LLC																																																			
Principal Place of Business 1055 NE 125TH STREET NORTH MIAMI, FL 33161		Mailing Address 1055 NE 125TH STREET NORTH MIAMI, FL 33161																																																	
2. Principal Place of Business - No P.O. Box # 10800 Biscayne Blvd Suite Apt. #, etc. Suite 600 City & State North Miami FL Zip 33161 Country		3. Mailing Address Suite Apt. #, etc. Same as City & State Place of Business Zip Country																																																	
4. FEI Number 20-5424605		04152008 Chg-LLC CR2E083 (12/06) Applied For Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent GREENWALD, MICHAEL 1055 NE 125TH STREET NORTH MIAMI, FL 33161																																																	
7. Name and Address of New Registered Agent Name New Address? Street Address (P.O. Box Number is Not Acceptable) 10800 Biscayne Blvd City Suite 600 North Miami, FL Zip Code 33161		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 4/14/08 <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																	
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">MGRM KLEIN, AVI 1055 NE 125TH STREET NORTH MIAMI, FL 33161</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, AVI 1055 NE 125TH STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">10800 Biscayne Blvd Suite 600 N. Miami, FL 33161</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10800 Biscayne Blvd Suite 600 N. Miami, FL 33161	<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: 		Date 4/14/08 Daytime Phone # 305-864-9191																																																	