

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001954

**FILED**  
**Mar 01, 2009**  
**Secretary of State**

**Entity Name:** 1501-1507 ELIZABETH AVENUE, LLC

**Current Principal Place of Business:**

332 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480

**New Principal Place of Business:**

332 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**Current Mailing Address:**

332 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480

**New Mailing Address:**

332 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

FEI Number: 01-0581136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODDY, ROBERT ANDREW  
332 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

RODDY, ROBERT A  
332 SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

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: ROBERT A RODDY

03/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RODDY, ROBERT A  
Address: 332 SOUTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RODDY, ROBERT A  
Address: 332 SOUTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480 US

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: ROBERT A RODDY

MGRM

03/01/2009

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