


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009282 1. Entity Name 230/240 ANDREWS, LLC	
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Principal Place of Business 5480 NE 22 AVE. FORT LAUDERDALE, FL 33308	Mailing Address 5480 NE 22 AVE. FORT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0681175	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

FRAZIER, ROBERT M
 5480 NE 22 AVE.
 FORT LAUDERDALE, FL 33308

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER, ROBERT M 5480 NE 22 AVE. FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER, NANCY W 5480 NE 22 AVE. FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER, STEVEN W 1487 NE 63 COURT FORT LAUDERDALE, FL 33334
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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: Nancy W. Frazier Date: 3-21-07 Daytime Phone #: 954-267-9084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE