


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000018628	
1. Entity Name 1540 PROPERTIES, LLC	

Principal Place of Business 7729 MANSFIELD HOLLOW ROAD DELRAY BEACH, FL 33446	Mailing Address 7729 MANSFIELD HOLLOW ROAD DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0881156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PEDOWITZ, JACK  
 7729 MANSFIELD HOLLOW ROAD  
 DELRAY BEACH, FL 33446

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

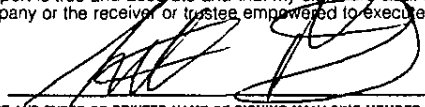
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEDOWITZ, JACK 7729 MANSFIELD HOLLOW ROAD DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEDOWITZ, SCOTT 3467 OCEAN AVENUE OCEANSIDE, NY 11572
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U00000730655  
 01/23/08-80043-006 138.75

**DO NOT WRITE IN THIS SPACE**

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:**  **1/14/08** **561-498-3545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #