2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036972

1. Entity Name
455 S. FEDERAL HIGHWAY, LLC

Principal Place of Business	Mailing Address
1907 NE 2ND STREET DEERFIELD BEACH, FL 33441 US	1907 NE 2ND STREET DEERFIELD BEACH, FL 33441 US

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	08102007 Chg-LLC CR2E083 (12/06)
Zip	Country	Zip	Country

4. FEI Number
80-0108247   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
VITTORIO, GALLUZZO 1907 NE 2ND STREET DEERFIELD BEACH, FL 33441	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee Is $50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	☐ Change ☐ Addition
NAME	GALLUZZO, VITTORIO		U00000772379
STREET ADDRESS	1907 NE 2ND STREET		08/20/07-80001-011 50.00
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: _Vittorio Galluzzo_   _aug 15-07_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Daytime Phone #