
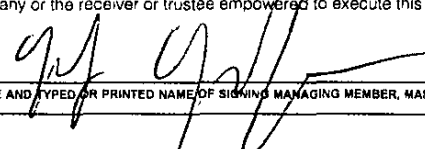


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

|  |   |   |   |   |
|--|---|---|---|---|
| <b>DOCUMENT # L05000024647</b><br>1. Entity Name<br>1600 FEDERAL INVESTORS LLC   |   |   |   |  |
| Principal Place of Business<br>2501 HOLLYWOOD BLVD<br>STE. 200<br>HOLLYWOOD, FL 33020  |   | Mailing Address<br>2501 HOLLYWOOD BLVD<br>STE. 200<br>HOLLYWOOD, FL 33020   |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |
| City & State   |   | City & State  |   |   |
| Zip  | Country   | Zip   | Country   |   |
| 6. Name and Address of Current Registered Agent<br><br>YOSIFOVE, YOSEF<br>2501 HOLLYWOOD BLVD<br>STE. 200<br>HOLLYWOOD, FL 33020   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City |   |   |
| 4. FEI Number<br>84-1673318  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required  |   |   |
| 01292007 Chg-LLC   |   | CR2E083 (12/06)   |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |   |   |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>  |   | <b>Make check payable to Florida Department of State</b>  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>YOSIFOVE, YOSEF<br>2501 HOLLYWOOD BLVD, STE. 200<br>HOLLYWOOD, FL 33020 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000620473<br>02/03/07-80038-011 50.00 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| 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. |   |   |   |   |
| <b>SIGNATURE:</b>   |   | 1.29.07   | 954-922-0427  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   | <small>Date</small>   | <small>Daytime Phone #</small>  |   |