

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111101

FILED
Apr 30, 2009
Secretary of State

Entity Name: 180 NINETY-SIXTH AVENUE, LLC

Current Principal Place of Business:

1024 CEDAR FALLS DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

2700 GLADES CIRCLE
138
WESTON, FL 33327 US

Current Mailing Address:

1024 CEDAR FALLS DRIVE
WESTON, FL 33326 US

New Mailing Address:

2700 GLADES CIRCLE
138
WESTON, FL 33327 US

FEI Number: 20-3805663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODDO, DAVID J
1024 CEDAR FALLS DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

DODDO, DAVID J
2700 GLADES CIRCLE
138
WESTON, FL 33326 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: DAVID J DODDO

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DODDO INVESTMENT GROUP, LLC
Address: 1024 CEDAR FALLS DRIVE
City-St-Zip: WESTON, FL 33326 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DODDO, DAVID J
Address: 2700 GLADES CIRCLE, SUITE 138
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Change (X) Addition
Name: DODDO, MARIA T
Address: 2700 GLADES CIRCLE, SUITE 138
City-St-Zip: WESTON, FL 33327 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: DAVID J DODDO

MGRM

04/30/2009

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