

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**


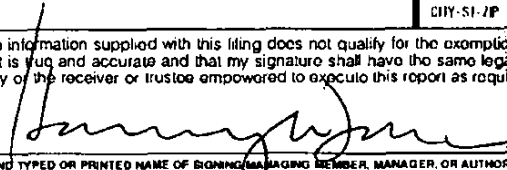
**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90192 023 \*\*\*\*50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000012016			
1. Entity Name 3601 NE 20TH PLACE, LLC			
Principal Place of Business 3601 NE 20TH PLACE OCALA FL 34470 US		Mailing Address 3358 NW 53 CIRCLE BOCA RATON FL 33496 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5629 NW 38 <sup>th</sup> Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Boca Raton Florida	
Zip		Zip 33496	
Country		Country	
4. FEI Number 20-4254629		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLINGER, MARTIN R 980 NORTH FEDERAL HIGHWAY SUITE 302 BOCA RATON FL 33432		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, HARVEY W	NAME	5629 NW 38 <sup>th</sup> Ave
STREET ADDRESS	3358 NW 53 CIRCLE	STREET ADDRESS	BOCA RATON, FL 33496
CITY - ST - ZIP	BOCA RATON FL 33496	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, JANET B	NAME	5629 NW 38 <sup>th</sup> Ave
STREET ADDRESS	3358 NW 53 CIRCLE	STREET ADDRESS	BOCA RATON, FL 33496
CITY - ST - ZIP	BOCA RATON FL 33496	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 2/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	