


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000019189 1. Entity Name 1800 YOUNG CIRCLE LLC	
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Principal Place of Business 275 MADISON AVENUE, SUITE 702 C/O JENEL MANAGEMENT CORP. NEW YORK, NY 10016	Mailing Address 275 MADISON AVENUE, SUITE 702 C/O JENEL MANAGEMENT CORP. NEW YORK, NY 10016
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07032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4635759	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

GOLDMAN, JAY
USA COMMERCIAL RESIDENTIAL, INC.
21406 WEST DIXIE HWY
AVENTURA, FL 33180

**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 Jay S Goldman [Signature] 7.17.08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. U00000955980
07/22/08-80013-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, JACK 275 MADISON AVENUE, SUITE 702 NEW YORK, NY 10016
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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: JACK DUSHEY 7.09.08 (212) 889-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #