

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048484

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: 1235 EUCLID INVESTMENT, LLC

**Current Principal Place of Business:**

407 LINCOLN ROAD  
SUITE 300  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

1235 EUCLID AVE  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

P.O. BOX 190677  
MIAMI BEACH, FL 33119 US

**New Mailing Address:**

FEI Number: 76-0829199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EULER, FRANK  
407 LINCOLN ROAD  
SUITE 300  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

EULER, FRANK  
1612 PENNSYLVANIA AVE  
# 5  
MIAMI BEACH, FL 33139 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: FRANK EULER

04/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EULER, FRANK  
Address: P.O. BOX 190677  
City-St-Zip: MIAMI BEACH, FL 33119 US

Title: MGRM ( ) Delete  
Name: KRIBBEN, JUERGEN  
Address: P.O. BOX 190677  
City-St-Zip: MIAMI BEACH, FL 33119 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK EULER

MGRM

04/25/2007

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