

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90027 016 ****55.00

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1. Entity Name
 408 NE 25TH LLC

Principal Place of Business
 % ADAM & TESS LEVINSON
 1901 E. ATLANTIC BLVD.
 POMPANO BEACH, FL 33060

Mailing Address
 % ADAM & TESS LEVINSON
 1901 E. ATLANTIC BLVD.
 POMPANO BEACH, FL 33060

20008435



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5769424

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARESCA, ANDREA
 1901 E. ATLANTIC BLVD.
 POMPANO BEACH, FL 33060

Name

Tanya Price

Street Address (P.O. Box Number is Not Acceptable)

1901 E. Atlantic Blvd

City

Pompano Beach

FL

Zip Code

33060

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

[Signature]

Tanya Price

1/29/2007

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM Delete
 NAME LEVINSON, TESS
 STREET ADDRESS 1901 E. ATLANTIC BLVD.
 CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME LEVINSON, ADAM
 STREET ADDRESS 1901 E. ATLANTIC BLVD.
 CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Tess Levinson

1/29/2007

954-545-9910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #