

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90122 006 \*\*\*\*50.00

**DOCUMENT # L06000113518**

1. Entity Name  
**PRESTON 121 ASSOCIATES, LLC**



Principal Place of Business  
**20281 EAST COUNTRY CLUB DRIVE  
AVENTURA, FL 33180 US**

Mailing Address  
**C/O DRC, 433 SOUTH MAIN STREET  
SUITE 310  
WEST HARTFORD, CT 06110 US**

**60055187**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-5943563**

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HELENE, ALAN  
STREET ADDRESS C/O DRC, 433 SOUTH MAIN STREET, SUITE 310  
CITY-ST-ZIP WEST HARTFORD, CT 06110

TITLE MGRM ☐ Delete  
NAME HELENE, MARLA  
STREET ADDRESS C/O DRC, 433 SOUTH MAIN STREET, SUITE 310  
CITY-ST-ZIP WEST HARTFORD, CT 06110

TITLE MGRM ☐ Delete  
NAME EISENBAUM, WAYNE  
STREET ADDRESS C/O DRC, 433 SOUTH MAIN STREET, SUITE 310  
CITY-ST-ZIP WEST HARTFORD, CT 06110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

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

**8/23/07**

Date

**800-541-0121**

Daytime Phone #