

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106846

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: 1213 ROUTE 22 ASSOCIATES, LLC

**Current Principal Place of Business:**

7095 WOODBRIDGE COURT  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

7095 WOODBRIDGE COURT  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 26-1273385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SICILIANO, THOMAS V  
980 NORTH FEDERAL HIGHWAY  
SUITE 440  
BOCA RATON, FL 33432 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: LEFLEIN, JEROME  
Address: 7045 WOODBRIDGE COURT  
City-St-Zip: BOCA RATON, FL 33434

Title: VP ( ) Delete  
Name: LEFLEIN, JOAN  
Address: 7095 WOODBRIDGE COURT  
City-St-Zip: BOCA RATON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEFLEIN, JEROME J  
Address: 7045 WOODBRIDGE COURT  
City-St-Zip: BOCA RATON, FL 33434

Title: MGR (X) Change ( ) Addition  
Name: LEFLEIN, JOAN H  
Address: 7095 WOODBRIDGE COURT  
City-St-Zip: BOCA RATON, FL 33414

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: JEROME J. LEFLEIN

MGR

01/28/2009

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