


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004766</b> 1. Entity Name 410 S.W. 15TH ST.FLA LLC	
--	---

Principal Place of Business 11 COVENTRY ROAD LIVINGSTON, NJ 07039	Mailing Address 11 COVENTRY ROAD LIVINGSTON, NJ 07039
---	---

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2917172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MELTZER, RENA E SQ  
 11098 BISCAYNE BLVD STE 201  
 ONE BISCAYNE PLACE  
 MIAMI, FL 33161

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, CURTIS 11 COVENTRY ROAD LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, STEVE 5 CANTERBURY RD LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPTAIN, IVY 7 COVENTRY ROAD LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000587820  
 01/17/07-80048-005 50.00

**DO NOT WRITE IN THIS SPACE**

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: *Curtis Foster* Date: 1/11/07 Daytime Phone #: 973-715-4750

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