2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016144

1. Entity Name
1200 POC, L.L.C.

Principal Place of Business	Mailing Address
5000 T-REX AVE. SUITE 150 BOCA RATON, FL 33431	5000 T-REX AVE. SUITE 150 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

04222004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-3673580	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEINER, MICHAEL S
102 N. SWINTON AVE.
DELRAY BEACH, FL 33444

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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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIEGEL, NED L
STREET ADDRESS	5000 T-REX AVE.
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/29/04-80126-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Ned L Siegel_   4/26/04   (561) 998-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #