

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                          |                                                                                                                          |                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000024647</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                          |                                                                                                                          |                                                                                                        |  |
| <b>1. Entity Name</b><br>1600 FEDERAL INVESTORS LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                          |                                                                                                                          |                                                                                                        |  |
| <b>Principal Place of Business</b><br>2501 HOLLYWOOD BLVD<br>STE. 200<br>HOLLYWOOD, FL 33020                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                          | <b>Mailing Address</b><br>2501 HOLLYWOOD BLVD<br>STE. 200<br>HOLLYWOOD, FL 33020                                         |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | <b>3. Mailing Address</b>                                |                                                                                                                          |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | Suite, Apt. #, etc.                                      |                                                                                                                          |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 | City & State                                             |                                                                                                                          | <b>4. FEI Number</b><br>84-1673318                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | Country                                                  |                                                                                                                          | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>YOSIFOVE, YOSEF<br>2501 HOLLYWOOD BLVD<br>STE. 200<br>HOLLYWOOD, FL 33020                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                          | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                                        |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                          | Zip Code                                                                                                                 |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                                 |                                                          |                                                                                                                          |                                                                                                        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                          |                                                                                                                          |                                                                                                        |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | <b>Make check payable to Florida Department of State</b> |                                                                                                                          |                                                                                                        |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                          | <b>10. ADDITIONS/CHANGES</b>                                                                                             |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>YOSIFOVE, YOSEF<br>2501 HOLLYWOOD BLVD, STE. 200<br>HOLLYWOOD, FL 33020 |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | U000000620473<br>02/09/07-80038-011 50.00                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                 |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                 |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                 |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                 |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                 |                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |                                                                                 |                                                          |                                                                                                                          |                                                                                                        |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                          | 1.29.07 954-922.0427                                                                                                     |                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                                                          | Date Daytime Phone #                                                                                                     |                                                                                                        |  |