


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90140 004 \*\*\*\*50.00

DOCUMENT # L04000012732

1. Entity Name  
 1442 S.E. 4TH, L.L.C.



Principal Place of Business      Mailing Address

399 W PALMETTO PARK RD      399 W PALMETTO PARK RD  
 STE 100      STE 100  
 BOCA RATON, FL 33432      BOCA RATON, FL 33432

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

399 W. Palmetto Park Rd.      399 W. Palmetto Park Rd.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 200      Suite 200

City & State      City & State

Boca Raton FL      Boca Raton FL

Zip      Country      Zip      Country

33432      U.S.A.      33432      U.S.A.



4. FEI Number      Applied For

01-0806676      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, BEN S JR., ESQ  
 399 WEST PALMETTO PARK ROAD, SUITE 106  
 BOCA RATON, FL 33432

*Handwritten: Ste. 200*

7. Name and Address of New Registered Agent

Name      SAME

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

*Handwritten: NEW Suite 200*

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]*      DATE: 3/16/07

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, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, BEN S JR. 399 WEST PALMETTO PARK ROAD, SUITE 106 BOCA RATON, FL 33432 <i>Handwritten: Ste 200</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager KENNEDY, BEN S, JR. 399 W. Palmetto PK. Rd. Ste 200 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      Date: 3-16-07      Daytime Phone #: (561) 750-8535

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