


**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 399 W PALMETTO PARK RD STE 100 BOCA RATON, FL 33432	Mailing Address 399 W PALMETTO PARK RD STE 100 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 399 W. Palmetto Park Rd. Suite, Apt. #, etc. Suite 200 City & State Boca Raton FL Zip 33432 Country U.S.A.	3. Mailing Address 399 W. Palmetto Park Rd. Suite, Apt. #, etc. Suite 200 City & State Boca Raton FL Zip 33432 Country U.S.A.
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03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0806676	Applied For <input type="checkbox"/> Not Applicable
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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):  
 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)

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, BEN S JR. 399 WEST PALMETTO PARK ROAD, SUITE 106 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 (561) 750-8535

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