

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-07-2007 90218 024 ****50.00

DOCUMENT # L06000107206			
1. Entity Name 14 WILLIAM STREET, LLC			
Principal Place of Business C/O 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433 US		Mailing Address C/O 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433 US	
2. Principal Place of Business - No P.O. Box # 445 WEST PUTNAM AVE		3. Mailing Address 445 WEST PUTNAM AVE	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101	
City & State GREENWICH, CT.		City & State GREENWICH, CT.	
Zip 06830	Country U.S.	Zip 06830	Country U.S.
4. FEI Number 20-8196898		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. 7000 W. PALMETTO PARK ROAD SUITE 310 BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when amending) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ALFRED E. MILLER ☐ Delete 22771 EL DORADO DR. BOCA RATON, FL. 33433	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BERNICE T. MILLER ☐ Delete 22771 EL DORADO DR. BOCA RATON, FL. 33433	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Alfred E. Miller</u> <u>2/26/2007</u> (561) 362-4147			
SIGNATURE AND IN FULL OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			