2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000098373



FILED Apr 20, 2007 8:00 am Secretary of State

1161 NE 25TH LLC							04-20-2007 90027 017 ****55.00				
Principal Place of Business 1901 E ATLANCTIC BLVD. POMPANO BEACH, FL 33060			Mailing Address 1901 E ATLANCTIC BLVD. POMPANO BEACH, FL 33060			L IERNAN SII					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222007	Chg-LLC	CR2	E083 (12/06)		
City & State			City & State			4. FEI Number 20 -	57694	79	—— — —	pplied For ot Applicable	
Zip Country		Zip Country		try 		of Status Desired	12	\$5.00 Add Fee Require			
6. Name and Address of Current F			egistered Agent			7. Name and	Address of New R	egistere	d Agent		
LEVINGON	N A D A A 4				Name						
LEVINSON, ADAM 1901 E ATLANCTIC BLVD. POMPANO BEACH, FL 33060					Street Addres	s (P.O. Box Numb	er is Not Acceptable	9)			
				City				F	Zip Cod	le	
8. The above	named entity	y submits this statement fo	r the purpose of changing its	registere	ed office or regis	stered agent, or bo	th, in the State of Flo	-	- 1	and accept	
SIGNATURE		or printed name of registered agent	and fille if applicable. (NOT	E Registered	d Agent signature requi	ired when reinstating)		DATE			
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			RS/MANAGERS	10.				Depart	ment of Stat	e	
D		, 1, 2007 ———————————————————————————————————	RS/MANAGERS	10.			Florida	Depart	ment of Stat	Addition	
9.	MGRM	, 1, 2007 ———————————————————————————————————					Florida	Depart	ment of Stat		
9. TITLE NAME STREET ADDRESS	MGRM HOLZWAF	MANAGING MEMBE RTH, BRIAN FLANCTIC BLVD.		TITLE NAME STREE	ET ADDRESS		Florida	Depart	ment of Stat		
9. TITLE NAME	MGRM HOLZWAR 1901 E AT POMPANO	MANAGING MEMBERTH, BRIAN		TITLE NAME STREE	<u>:</u>		Florida	Depart	ment of Stat		
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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 reserver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE