

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095695

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** 1497-1499 NE 131ST STREET LLC

**Current Principal Place of Business:**

18851 NE 29TH AVE., 7TH FL  
AVENTURA, FL 33180

**New Principal Place of Business:**

18851 NE 29TH AVE  
7TH FLOOR  
AVENTURA, FL 33180 US

**Current Mailing Address:**

18851 NE 29TH AVE., 7TH FL  
AVENTURA, FL 33180

**New Mailing Address:**

18851 NE 29TH AVE  
7TH FLOOR  
AVENTURA, FL 33180 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EHRLICH, RICHARD  
Address: 18851 NE 29TH AVE., 7TH FLOOR  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: EHRLICH, RICHARD  
Address: 18851 NE 29TH AVE 7TH FLOOR  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD EHRLICH                      MGRM                      04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date