

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000008385

1. Entity Name
123, L.L.C.



Principal Place of Business

C/O WILLIAM PENCER, SUITE 2600
600 DE MAISONNEUVE BLVD. WEST, H3A 3J2
MONTREAL, QUEBEC, CANADA, CA H3A3J-2

Mailing Address

C/O WILLIAM PENCER
600 DE MAISONNEUVE BLVD. WEST, STE #2600
MONTREAL, QUEBEC, CA H3A 3-J2



03172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

98-0369554

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANELLA, ROSS H ESQ.
ONE EAST BROWARD BLVD.
SUITE #1010
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000398876
04/28/08-80016-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PENCER, WILLIAM 600 DE MAISONNEUVE WEST., STE 2600 MONTREAL, QUEBEC, CA H3A 3J2
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #