

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000121262

Entity Name: 700 HARRISON LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

411 N NEW RIVER DRIVE E
APT. 2606
FT. LAUDERDALE, FL 33301

Current Mailing Address:

411 N NEW RIVER DRIVE E
APT. 2606
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

10501 WEST BROWARD BLVD
APT #311
PLANTATION, FL 33324

New Mailing Address:

10501 WEST BROWARD BLVD
APT# 311
PLANTATION, FL 33324

FEI Number: 26-2471453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DJERASSI, ITAY J
411 N NEW RIVER DRIVE E
APT. 2606
FT. LAUDERDALE, FL 33301 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: P () Delete
Name: DJERASSI, ITAY J
Address: 411 N NEW RIVER DRIVE E APT. 2606
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VP () Delete
Name: DJERASSI, GIDEON
Address: 411 N NEW RIVER DRIVE E APT. 2606
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DJERASSI, ITAY J
Address: 10501 WEST BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ITAY DJERASSI

MM

03/25/2009

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