

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014679

Entity Name: 1567 LEJEUNE LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

1110 BRICKELL AVE., STE. 210  
MIAMI, FL 33131

**New Principal Place of Business:**

2929 SW THIRD AVE SUITE 330  
MIAMI, FL 331292710 US

**Current Mailing Address:**

1201 BRICKELL AVE, STE 220  
MIAMI, FL 33131

**New Mailing Address:**

2929 SW THIRD AVE SUITE 330  
MIAMI, FL 331292710 US

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

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

WAYNE, GEOFFREY M ESQ  
1201 BRICKELL AVE STE 220  
MIAMI, FL 33131 US

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

WAYNE, GEOFFREY M ESQ  
2929 SW THIRD AVE SUITE 330  
MIAMI, FL 331292710 US

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: \_\_\_\_\_ 04/30/2009  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIFKIN, LARRY S TRUSTEE  
Address: 1110 BRICKELL AVE, STE 210  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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: LARRY S. RIFKIN                      MGRM                      04/30/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date