

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003014

Entity Name: 16700-01, LLC

FILED  
Jun 24, 2009  
Secretary of State

## Current Principal Place of Business:

1680 MICHIGAN AVENUE  
736  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

1055 NE 125TH STREET  
NORTH MIAMI, FL 33161

## Current Mailing Address:

PO BOX 546752  
SURFSIDE, FL 33154

## New Mailing Address:

FEI Number: 65-1170335      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      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: MGR      ( ) Delete  
Name: KLEIN, AVI  
Address: PO BOX 546752  
City-St-Zip: SURFSIDE, FL 33154

Title: MGR      ( ) Delete  
Name: SHAULSON, ABRAHAM  
Address: PO BOX 546752  
City-St-Zip: SURFSIDE, FL 33154

## ADDITIONS/CHANGES:

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

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: AVI KLEIN

MGR

06/24/2009

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