


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000012071 1. Entity Name 901 N.E. 125TH STREET LLC	
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Principal Place of Business 901 N.E. 125TH STREET NORTH MIAMI, FL 33161-5718	Mailing Address 901 N.E. 125TH ST. SUITE 107 NORTH MIAMI, FL 33161-5718
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01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1047495	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHUPACK, ROBERT A 4800 N. FEDERAL HIGHWAY BOCA RATON, FL 33431
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**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIBOTSKY, MARVIN H 901 NE 125 STREET, SUITE 107 NORTH MIAMI, FL 331615718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, NORMAN 901 NE 125 ST., SUITE 107 NORTH MIAMI, FL 331615718
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01/11/07-80056-007 50.00

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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 #