

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90095 047 ***138.75

DOCUMENT # L00000012071	
1. Entity Name 901 N.E. 125TH STREET LLC	
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



01162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	
SHUPACK, ROBERTA 4800 N. FEDERAL HIGHWAY BOCA RATON, FL 33431	MARVIN RIBOTSKY 901 NE 125TH ST NO. MIAMI BEACH FL 33161
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 \$130.75
After May 1, 2008 Fee will be \$538.75

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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**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: X [Signature] X 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #