FILED
Mar 01, 2007 8:00 am
Secretary of State
02-09-2007 90070 008 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2.

DOCUMENT # L01000019268

1. Entity Name
1233 N.E. FIRST AVENUE, LLC

300015

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD STE 305 MIAMI, FL 33134	3211 PONCE DE LEON BLVD STE 305 MIAMI, FL 33134
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 30-0001556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Michael Mermelstein
Street Address (P.O. Box Number is Not Acceptable): Mermelstein Hidalgo LLP
3211 Ponce de Leon Blvd #305
City: Coral Gables FL Zip Code: 33134

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] 2/27/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	JAIN, AVRA	
STREET ADDRESS	226 WEST RIVO ALTO	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	MGR	☐ Delete
NAME	SCHWALBE, PETER	
STREET ADDRESS	185 MADISON AVE., SUITE 1700	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] AVRA JAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #