2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2007 08:00 AM Secretary of State

Applied For

DOCUMENT #	L02000001946
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1. Entity Name 1208 OLD OKEECHOBEE ROAD, LLC



Principal Place of Business

Mailing Address

332 SOUTH COUNTY ROAD PALM BEACH, FL 33480

332 SOUTH COUNTY ROAD PALM BEACH, FL 33480



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 02092007 No Chg-LLC

5. Certificate of Status Desired	\$5.00 Additional Fee Required			
03-0378504	 1	Not Applicable		
4. FEI Number		Applied For		

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

RODDY, ROBERT ANDREW 332 SOUTH COUNTY ROAD PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and trile if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
Filing Fee is \$50.00 Due by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS	F				
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM RODDY, ROBERT A 332 SOUTH COUNTY ROAD PALM BEACH, FL 33480					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000645820 03/06/07-80004-0	13 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 cath; 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.						

ING MEMBER, OR AUTHORIZED REPRESENTATIVE

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