

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000003125  
 1. Entity Name  
 1048, L.L.C.



Principal Place of Business      Mailing Address  
 1060 KANE CONCOURSE      1060 KANE CONCOURSE  
 BAY HARBOR ISLAND, FL 33154      BAY HARBOR ISLAND, FL 33154

**DO NOT WRITE IN THIS SPACE**



03192007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 02-0568567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 NEUHUT, FRANCES  
 1060 KANE CONCOURSE  
 BAY HARBOR ISLAND, FL 33154

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

U00000679063  
 04/03/07-80024-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEUHUT, DENIS 1060 KANE CONCOURSE BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEUHUT, FRANCES 1060 KANE CONCOURSE BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Denis W. Neuhut, M.D.P.A.      3-21-07      305-865-8166  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #