


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000007967</b> 1. Entity Name 2175, LLC	
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Principal Place of Business 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	Mailing Address 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0719625	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROBERT LEE SHAPIRO, P.A. 2401 PGA BOULEVARD, SUITE 272 PALM BEACH GARDENS, FL 33410
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROCK, ANDREW 1551 FORUM PLACE, BLDG. 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROCK, PETER 1551 FORUM PLACE, BLDG. 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHREIBER, ERIC 2060 SHAGLL CIR. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHREIBER, MARK 2060 SHAGLL CIR. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000682854  
04/05/07-80019-019 50.00

**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 of the company and am empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>Andrew Brock</b> <small>Date</small>	<b>03/23/07</b> <small>Daytime Phone #</small>	<b>561-684-1040</b>
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