


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000015690 1. Entity Name 125 LAND, L.C.	
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Principal Place of Business 6001 N.W. 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014	Mailing Address 6001 N.W. 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0736979	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

WASERSTEIN, RICHARD
1124 KANE CONCOURSE
BAY HARBOR ISL, 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 _____
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, 2005**

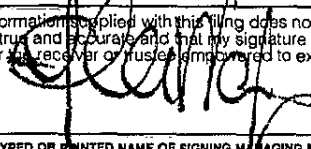
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JERIKA PROPERTIES, INC. 6001 N.W. 153RD STREET, SUITE 110 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WASERSTEIN, ALAN 6001 NW 153 STREET #110 MIAMI LAKES, FL 33014
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01/20/05-80138-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Alan Waserstein 1/13/05 305-827-8873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #