

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 12, 2009  
Secretary of State**

DOCUMENT# L03000022342

Entity Name: 1200 PROPERTIES, LLC

**Current Principal Place of Business:**

7901 SW. 6 COURT  
120  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

7901 SW 6 COURT  
120  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 56-2386533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SODERLUND, CYNTHIA J  
701 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KANNER, JOSEF  
Address: 3800 SOUTH OCEAN DRIVE, SUITE 200  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR (X) Delete  
Name: RASABI, STEVE  
Address: 7901 SW 6TH COURT, SUITE 120  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RASABI, STEVE  
Address: 7901 SW 6TH COURT, SUITE 120  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE RASABI

MGRM

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date