

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000001480

1. Entity Name
1700 BUILDING, L.L.C.



Principal Place of Business
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

Mailing Address
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308



03202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3111979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, JEFFERSON H
5300 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33308

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000872143
04/10/08-80026-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEAVER, GEORGE W
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE MGRM
NAME WEAVER, JEFFERSON H
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-20-08

Date

954 771 460

Daytime Phone #