

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 004 ****50.00

DOCUMENT # L04000012732

1. Entity Name
1442 S.E. 4TH, L.L.C.



Principal Place of Business
399 W PALMETTO PARK RD
STE 100
BOCA RATON, FL 33432

Mailing Address
399 W PALMETTO PARK RD
STE 100
BOCA RATON, FL 33432



2. Principal Place of Business - No P.O. Box #
399 W. Palmetto Park Rd.
Suite, Apt. #, etc.
Suite 200
City & State
Boca Raton FL
Zip
33432
Country
U.S.A.

3. Mailing Address
399 W. Palmetto Park Rd.
Suite, Apt. #, etc.
Suite 200
City & State
Boca Raton FL
Zip
33432
Country
U.S.A.

03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-0806676

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KENNEDY, BEN S JR., ESQ
399 WEST PALMETTO PARK ROAD, SUITE 106
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
NEW Suite 200
City
FL Zip Code

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 DATE 3/16/07

(NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KENNEDY, BEN S JR. 399 WEST PALMETTO PARK ROAD, SUITE 106 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	manager Kennedy, Ben S. JR. 399 W. Palmetto Park Rd. Ste 200 Boca Raton FL 33432
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 3-16-07 (561) 750-8535

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