



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90015 010 ****50.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # L04000014334 1. Entity Name 1377 GROUP, LLC | | | |  | |
| Principal Place of Business 815 NW 57 AVENUE 202 MIAMI, FL 33126 US | | | Mailing Address 815 NW 57 AVENUE 202 MIAMI, FL 33126 US | | |
| 2. Principal Place of Business 1637 NW 27 Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33125 Country USA | | | 3. Mailing Address 1637 NW 27 Avenue Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33125 Country USA | | |
| 4. FEI Number 20-0983381 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 04082005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent SMOLEY, ROBERT ESQUIRE 2665 S. BAYSHORE DRIVE 200 MIAMI, FL 33133 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VELOCCI, RALPH 815 NW 57 AVENUE, SUITE 202 MIAMI, FL 33126 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | 4-12-05 305-633-4239 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |