2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000021501

1. Entity Name
1215, LLC

Principal Place of Business	Mailing Address
1215 NORTH OCEAN DRIVE	1215 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019	HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

02092006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0901882	Not Applicable

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

6. Name and Address of Current Registered Agent

GALLUCCIO, PAUL
1750 EAST LAS OLAS BLVD., UNIT 401
FORT LAUDERDALE, FL 33301

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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, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	GALLUCCIO, PAUL	
STREET ADDRESS	1750 EAST LAS OLAS BLVD., UNIT 401	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	MGRM	
NAME	DEBENEDICTIS, ROBERT N	
STREET ADDRESS	227 E 56TH STREET, SUITE 400	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		

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03/02/06-80011-007 50.00

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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 _____   2-16-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #