

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021501

Entity Name: 1215, LLC

FILED  
Apr 09, 2007  
Secretary of State

**Current Principal Place of Business:**

1215 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1215 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 20-0901882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

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: PAUL A GALLUCCIO

04/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GALLUCCIO, PAUL  
Address: 1750 EAST LAS OLAS BLVD., UNIT 401  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: DEBENEDICTIS, ROBERT N  
Address: 227 E 56TH STREET, SUITE 400  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL A GALLUCCIO

MGR

04/09/2007

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