


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000028643**

1. Entity Name  
 1901 S. ANDREWS AVE., LLC



|  |   |
|--|---|
| Principal Place of Business<br>1901 S ANDREWS AVE<br>FORT LAUDERDALE, FL 33316 | Mailing Address<br>884 US HWY 1<br>NORTH PALM BEACH, FL 33408 |
|--|---|

**DO NOT WRITE IN THIS SPACE**



02032007 No Chg-LLC CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>37-0724232                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

BOWLING, ROBERT C  
 1680 N.E. 135 STREET  
 NORTH MIAMI, FL 33181

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

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

00000085221  
 03/13/07-80098-004 50.00

| 9. MANAGING MEMBERS, MANAGERS                      |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>BOWLING, ROBERT C<br>1680 N.E. 135 STREET<br>NORTH MIAMI, FL 33181       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>VERNIS, G. JEFFREY<br>884 U.S. HIGHWAY ONE<br>NORTH PALM BEACH, FL 33408 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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:  DATE: 2-27-07 DAYTIME PHONE #: 561-715-9822

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