


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 Mailing Address
 1901 S ANDREWS AVE 884 US HWY 1
 FORT LAUDERDALE, FL 33316 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE



02032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 37-0724232	Applied For 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

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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 _____ 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOWLING, ROBERT C 1680 N.E. 135 STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERNIS, G. JEFFREY 884 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS 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