

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90153 040 ***150.00

DOCUMENT # L04000032137

1. Entity Name
1098 NO. MILITARY, LLC



Principal Place of Business
222 LAKEVIEW AVENUE, SUITE 500
WEST PALM BEACH, FL 33401

Mailing Address
222 LAKEVIEW AVENUE, SUITE 500
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



01132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
33-8420205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNARE, JAMES H II
660 U.S. HIGHWAY #1
NORTH PALM BEACH, FL 33408

**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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SULLIVAN, ROBERT J
222 LAKEVIEW AVENUE, SUITE 500
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Robert J. Sullivan* **Robert J. Sullivan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

12.31.06

Date

561.659.9771

Daytime Phone #

X-105