

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048972

Entity Name: 1055 NE 125, L.L.C.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

1055 NE 125TH STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

1055 NE 125 ST
NORTH MIAMI, FL 33161

Current Mailing Address:

P.O. BOX 546752
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-2262139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL I. BERNSTEIN, P.A.
1680 MICHIGAN AVE. SUITE 736
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MICHAEL I. BERNSTEIN, P.A.
1688 MERIDIAN AVE
SUITE 418
MIAMI BEACH, FL 33139 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: MICHAEL I BERNSTEIN

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAULSON, ABRAHAM
Address: 1055 NE 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: V.P. () Delete
Name: KLEIN, AVI
Address: 1055 NE 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAULSON, ABRAHAM
Address: 1055 NE 125 ST
City-St-Zip: NORTH MIAMI, FL 33161

Title: V.P. (X) Change () Addition
Name: KLEIN, AVI
Address: 1055 NE 125 ST
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify 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: ABRAHAM SHAULSON

MGR

04/03/2008

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