
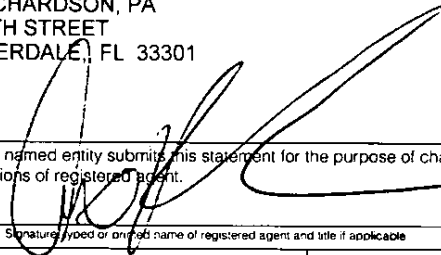
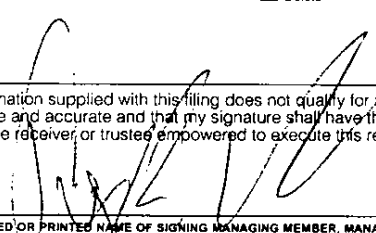


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90026 016 ****50.00

DOCUMENT # L04000049078 1. Entity Name 1511/1515, LLC			
Principal Place of Business 120 NE 4TH STREET FT. LAUDERDALE, FL 33301		Mailing Address 120 NE 4TH STREET FT. LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 1212 E Broward Blvd. Suite, Apt. #, etc. 300		3. Mailing Address 1212 E Broward Blvd. Suite, Apt. #, etc. 300	
City & State Ft. Lauderdale FL Zip 33301 Country Broward		City & State Ft. Lauderdale FL Zip 33301 Country Broward	
4. FEI Number 20-1658850		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03202007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GEX F RICHARDSON, PA 120 NE 4TH STREET FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1212 E Broward Blvd Suite 300 City Ft. Lauderdale FL Zip Code 33301	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGIAN OAKS VILLAS, LLC 120 NE 4TH STREET FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1212 E Broward Blvd Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 3-20-07 761-3412 Daytime Phone # 951-	