


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2007 90026 015 \*\*\*\*50.00

<b>DOCUMENT # L04000049444</b> 1. Entity Name <b>1501/1505, LLC</b>					
Principal Place of Business <b>120 NE 4TH ST FT. LAUDERDALE, FL 33301</b>			Mailing Address <b>120 NE 4TH ST FT. LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box # <b>1212 E Broward Blvd.</b>		3. Mailing Address <b>1212 E Broward Blvd.</b>			
Suite, Apt. #, etc. <b>300</b>		Suite, Apt. #, etc. <b>300</b>			
City & State <b>FT. LAUDERDALE FL</b>		City & State <b>FT. LAUDERDALE FL</b>			
Zip <b>33301</b>		Country <b>Broward</b>		Zip <b>33301</b>	
Country <b>Broward</b>		Country <b>Broward</b>			
6. Name and Address of Current Registered Agent  <b>GEX F RICHARDSON, PA 120 NE 4TH STREET FT. LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1212 E Broward Blvd. Suite 300 FT. LAUDERDALE FL 33301</b>	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GEORGIAN OAKS VILLAS, LLC 120 NE 4TH STREET FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1212 E Broward Blvd. FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____		3-20-07		954-761-3472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	