

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L04000067517

1. Entity Name

127 NORTH M INVESTMENTS, L.L.C.



Principal Place of Business

19396 DELAWARE CIRCLE
BOCA RATON, FL 33434 US

Mailing Address

19396 DELAWARE CIRCLE
BOCA RATON, FL 33434 US

DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1743402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRODNICK, MARK
1405 N
LAKE WORTH, FL 33460

**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 MGR
NAME BRODNICK, MARK
STREET ADDRESS 1405 N
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE MGR
NAME BRODNICK, LISA
STREET ADDRESS 1405 N
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE MGR
NAME JARAMILLO, BRISSET
STREET ADDRESS 19396 DELAWARE CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGR
NAME JARAMILLO, JOSE F
STREET ADDRESS 19396 DELAWARE CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/15/07-80143-007 50.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-07 561-233-9999

Date

Daytime Phone #