2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# L04000071291

Entity Name: SOLE UNIT 1503 LLC

Current Principal Place of Business:

17315 COLLINS AVENUE
SUITE 1503
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

500 EAST 85 STREET
19D
NEW YORK, NY 10028

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINGDOM REALTY
300 OAKWOOD LANE, SUITE 3
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SPOTLIGHT REALTY C/O NICHOLE ESHET
300 OAKWOOD LANE
SUITE 6
HOLLYWOOD, FL 33020 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: NICHOLE ESHET 04/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VALERIE, CEVA
Address: 500 EAST 85TH STREET, 19D
City-St-Zip: NEW YORK, NY 10028

Title: MGR ( ) Delete
Name: CHRISTINE, LAGANA
Address: 60 ECHO RIDGE ROAD
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: MGR ( ) Delete
Name: AMY, MAJCHRZYK
Address: 610A 3RD STREET
City-St-Zip: BROOKLYN, NY 11215

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VALERIE CEVA MGRM 04/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date