


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076676

1. Entity Name
 1525 EAST HENRIETTA ROAD L.L.C.



Principal Place of Business HARBOR TOWERS APT. 507 5855 MIDNIGHT PASS RD. SARASOTA, FL 34242-2101	Mailing Address HARBOR TOWERS APT. 507 5855 MIDNIGHT PASS RD. SARASOTA, FL 34242-2101
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03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0119216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAND, ALBERT V
 5855 MIDNIGHT PASS RD.
 APT. 507
 SARASOTA, FL 34242

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURAND, ALBERT V 5855 MIDNIGHT PASS ROAD APT. 507 SARASOTA, FL 342422101
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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: *Albert V Durand* 2/29/07 941-349-7241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #