


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 17 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000080703	
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1. Entity Name
80 STREET FLORIDA LLC

Principal Place of Business
20220 BOCA WEST DRIVE, 1803
BOCA RATON, FL 33434

Mailing Address
20220 BOCA WEST DRIVE, 1803
BOCA RATON, FL 33434



09072007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 1624 BRIDGEWOOD DR	3. Mailing Address 1624 BRIDGEWOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33434	Zip 33434
Country PALM BEACH	Country PALM BEACH

4. FEI Number 20-1851011	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NICK, NORMAN W MR 20220 BOCA WEST DRIVE 1803 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent Name NICK, NORMAN W. MR. Street Address (P.O. Box Number is Not Acceptable) 1624 BRIDGEWOOD DR City BOCA RATON FL Zip Code 33434
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICK, NORMAN W 20220 BOCA WEST DRIVE, 1803 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICK, NORMAN W 1624 BRIDGEWOOD DR BOCA RATON, FL 33434 <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	800109765246 09/21/07--01044--005 **50.00 <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
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: Norman W. Nick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-12-07
Date

561-852-
2206
Daytime Phone #