

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 17 PM 2: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000080703</b> 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
2. Principal Place of Business - No P.O. Box # 1624 BRIDGEWOOD DR Suite, Apt. #, etc.	3. Mailing Address 1624 BRIDGEWOOD DR Suite, Apt. #, etc.	
City & State BOCA RATON FL.		City & State BOCA RATON, FL
Zip 33434	Country PALM BEACH	4. FEI Number 20-1851011
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
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
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 September 14, 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	MGR NICK, NORMAN W 20220 BOCA WEST DRIVE, 1803 BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICK, NORMAN W 20220 BOCA WEST DRIVE, 1803 BOCA RATON, FL 33434	MGR NICK, NORMAN W 1624 BRIDGEWOOD DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109765246 09/21/07--01044--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>Norman W. Nick</u>		Date: <u>9-12-07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <u>561-852-2206</u>