

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093537

Entity Name: 7150 BUILDING, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

1900 NW CORPORATE BLVD.
SUITE 400 EAST
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1900 NW CORPORATE BLVD.
SUITE 400 EAST
BOCA RATON, FL 33431

New Mailing Address:

PO BOX 810996
BOCA RATON, FL 334810996 US

FEI Number: 35-2244136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, JEFFREY
1900 CORPORATE BLVD.
SUITE 400 EAST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: MORRIS, JEFFREY
Address: 1900 CORPORATE BLVD., SUITE 400 EAST
City-St-Zip: BOCA RATON, FL 33431

Title: MGMR () Delete
Name: MORRIS, ROBERT
Address: 1900 CORPORATE BLVD., SUITE 400 EAST
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: MORRIS, JEFFREY
Address: PO BOX 810996
City-St-Zip: BOCA RATON, FL 334810996 US

Title: MGMR (X) Change () Addition
Name: MORRIS, ROBERT
Address: PO BOX 810996
City-St-Zip: BOCA RATON, FL 334810996 US

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: JEFF MORRIS

MGMR

03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date