

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90124 038 ****50.00

DOCUMENT # L05000006212

1. Entity Name
509 FEDERAL, LLC



Principal Place of Business
**509 FEDERAL HIGHWAY
 LAKE PARK, FL 33403**

Mailing Address
**PO BOX 13019
 NORTH PALM BEACH, FL 33408**

00001010



03292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0137551	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

**HELGESEN, ANDREW ESQ
 11380 PROSPERITY FARMS ROAD, SUITE 201
 PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLANEY, DONALD K 5752 CORPORATE WAY <i>14639 Crazy Horse Ln</i> WEST PALM BEACH, FL 33409 <i>PB Gardens, FL 33418</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSCIA, JACK 5725 CORPORATE WAY <i>2340 Edward Rd</i> WEST PALM BEACH, FL 33409 <i>PB Gardens, FL 33410</i>
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**DO NOT WRITE
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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: *Donald K Mull* 3-30-07 561-615-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #