


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Sep 13, 2006 8:00 am
Secretary of State

08-17-2006 90044 019 ****50.00

DOCUMENT # L05000018095

1. Entity Name
 159/901 LLC



Principal Place of Business
 901 EAST SAMPLE ROAD
 BOY O
 POMPANO BEACH, FL 33064

Mailing Address
 901 EAST SAMPLE ROAD
 BOY O
 POMPANO BEACH, FL 33064

30013267



2. Principal Place of Business
 215 N. Federal Highway
 Suite, Apt. #, etc.
 Suite

3. Mailing Address
 215 N. Federal Highway
 Suite, Apt. #, etc.
 Suite 1

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

Zip
 33432

Country
 US

06052006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES
 215 N FEDERAL HWY
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 resigning)

Filing Fee is \$50.00
Due by September 8, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James Batmasian 215 N. Federal Highway Boca Raton, FL 33432	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
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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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: _____ **07/28/2006** **561-392-8920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #