


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000036417 1. Entity Name 1203 WILLIAMS, L.L.C.	
---	---

Principal Place of Business C/O FRANK ZIMBARO 9 EAST 40 STREET, 8TH FLOOR NEW YORK, NY 10016 US	Mailing Address C/O FRANK ZIMBARO 9 EAST 40 STREET, 8TH FLOOR NEW YORK, NY 10016 US
--	--

DO NOT WRITE IN THIS SPACE



07132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0897451	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

COHEN, STUART A
1601 NORTH FLAMINGO ROAD
PEMBROKE PINES, FL 33028-100

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

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

11000000771242
08/02/07-80004-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIMBARO, FRANK 9 EAST 40 STREET, 8TH FLOOR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIMBARO, ALDO 9 EAST 40 STREET, 8TH FLOOR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIMBARO, LOUIS 9 EAST 40 STREET, 8TH FLOOR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **FRANK ZIMBARO** **7-30-07** **212-889-7460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #