

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036417

Entity Name: 1203 WILLIAMS, L.L.C.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

C/O FRANK ZIMBARO
9 EAST 40 STREET, 8TH FLOOR
NEW YORK, NY 10016 US

New Principal Place of Business:

Current Mailing Address:

C/O FRANK ZIMBARO
9 EAST 40 STREET, 8TH FLOOR
NEW YORK, NY 10016 US

New Mailing Address:

FEI Number: 55-0897451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, STUART A
1601 NORTH FLAMINGO ROAD
PEMBROKE PINES, FL 33028-100 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: MGRM () Delete
Name: ZIMBARO, FRANK
Address: 9 EAST 40 STREET, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10016 US

Title: MGR () Delete
Name: ZIMBARO, ALDO
Address: 9 EAST 40 STREET, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10016 US

Title: MGR () Delete
Name: ZIMBARO, LOUIS
Address: 9 EAST 40 STREET, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10016 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL A. HERZOG

CPA

04/16/2009

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