2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90135 046 ***138.75

60010379

DOCUMENT # L05000041021

1. Entity Name
750 COLLINS, LC

Principal Place of Business	Mailing Address
747 4TH STREET SUITE #200A MIAMI BEACH, FL 33139-USA	747 4TH STREET SUITE #200A MIAMI BEACH, FL 33139-USA

01312008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	C/o Robert A. Spiegelman
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1400 Broadway, 15th FL.
City & State	City & State New York, NY
Zip / Country	Zip 10018 / Country USA

4. FEI Number 20-2767299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOLLAND & ASSOCIATES, LC 747 4TH STREET SUITE #200 MIAMI BEACH, FL 33139	Name Bekkevold, Ralph B. Esq. Street Address (P.O. Box Number is Not Acceptable) Greenberg Traurig, P.A. 1221 Brickell Avenue City Miami FL Zip Code 33131

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 ________________ 2/7/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUSSEAU, YARON D 747 4TH STREET, SUITE #200A MIAMI BEACH, FL 33139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAKASH 750 COLLINS AVENUE LLC 1400 BROADWAY NEW YORK, NY 10018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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ATTACHMENT

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747 4TH STREET
SUITE #200
MIAMI BEACH, FL 33139

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