

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

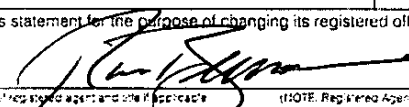
02-25-2008 90135 047 ***138.75

DOCUMENT # L05000041025 1. Entity Name 1444 DREXEL, LC			
Principal Place of Business 747 4TH STREET SUITE #200A MIAMI BEACH, FL 33139 US		Mailing Address 747 4TH STREET SUITE #200A MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Robert A. Spiegelman, Esq. 1400 Broadway, 15th Floor. New York, NY 10018 USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FOLLAND & ASSOCIATES, LC 747 4TH STREET SUITE #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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 _____ Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent's signature required when re-registering)		DATE: 2/7/08	
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-STATE-ZIP	MGRM ROUSSEAU, YARON D 747 4TH STREET, SUITE #200A MIAMI BEACH, FL 33139 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM NAKASH 1444 DREXEL, LLC 747 4TH STREET, SUITE #200A MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: _____	

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ATTACHMENT

60010378

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Robert A. Spiegelman, Esq. 1400 Broadway, 15th Floor. New York, NY 10018 USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-2766853		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01312008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent FOLLAND & ASSOCIATES, LC 747 4TH STREET SUITE #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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	
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			