

FILED
Aug 24, 2007 8:00 am
Secretary of State

07-25-2007 90013 035 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000043489			
1. Entity Name 1690 NE, LLC			
Principal Place of Business 2700 GRAND AVENUE BELLMORE, NY 11710		Mailing Address 2700 GRAND AVENUE BELLMORE, NY 11710	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. BEI Number 20-2775884		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		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 _____ (NOTE: Registered Agent signature required when renewing) DATE: _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THURMAN, HAROLD 2700 GRAND AVENUE BELLMORE, NY 11710 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 7/12/07 Deputy Phone #	

1590 NE, LLC
49 West 32nd Street - 2nd Floor
New York, N.Y. 10001
(212) 277-2731

ATTACHMENT

66021388

August 20, 2007

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Attn.: Annual Reports Section

Re: L05000043489

Dear Sir/Madam;

Enclosed please find our annual report/uniform business report, with the required Federal Employer Identification Number, as requested.

We appreciate your filing the report, and provide us with verification thereof.

Thank you.

Very truly yours,



Michele Fusco, Projects Coordinator
1590 NE LLC

MF/Enclosure