## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L05000058764

1. Entity Name

1224 VISCONTI, LLC



FILED Apr 12, 2007 08:00 A Secretary of State

049-04

954-917-1998

Daytima Ptionu #

Principal Place of Business				Mailing Address								
3860 N. POWERLINE ROAD, STE. 200 POMPANO BEACH FL 33073			į	3860 N. POWERLINE ROAD, STE. 200 POMPANO BEACH FL 33073								
2. Principal Placo of Business - No P.O. Box #			3.	3. Mailing Address								
Suilo, Apt. #, etc.				Suite, Apt. #, etc.				1st MOORE CR2E083 (10/06)				
City & State				City & State	•	4. FEI Nur	nber 20-30756	43		plied For t Applicable		
Zip		Country		Zip	ntry	5. Cortifica	5. Cortificate of Status Desired   \$5.00 Additional Fee Required					
	6. Name	and Address of Current	Regi	stered Agent			7. Name a	nd Address of New	Registered A	gent		
					•	Namo						
KAHN, JEFFREY B ESQ 3300 UNIVERSITY DRIVE, STE. 7				111		Stroet Addr	Stroot Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS FL 33065												
						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 Signature, typed or printed name of registered Arjoni and Life inapplicable (NOT). Registered							tquired when reinst/ւհոդի		DATE.			
				Make Check Payab	le to Fl	FEE IS \$50. orida Depart ay 1, 2007						
9.		MANAGING MEMBI	ERS/I	MANAGERS			ADDITION	S/CHANGES				
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11. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.												