

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067524

Entity Name: 1221 1ST STREET, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

Current Mailing Address:

2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

New Mailing Address:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

FEI Number: 20-3164505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J GEOFFREY
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

PFLUGNER, J GEOFFREY
8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

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: J GEOFFREY PFLUGNER

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORRIS, JILL
Address: 1515 SOUTH OSPREY AVE BLDG A
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: BAKKE, BURR
Address: 1515 SOUTH OSPREY AVENUE BLDG A
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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: JILL MORRIS

MGR

04/27/2007

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