

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90119 022 ***138.75

60002705



01082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000069206 1. Entity Name 521-25 NORTHEAST 61ST STREET BUILDING, LLC.			
Principal Place of Business 240 OLD FEDERAL HIGHWAY SUITE 120 HALLANDALE BEACH, FL 33009		Mailing Address 240 OLD FEDERAL HIGHWAY SUITE 120 HALLANDALE BEACH, FL 33009	
2. Principal Place of Business - No P.O. Box # 2660 NE 189 ST		3. Mailing Address 2660 NE 189 ST.	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH Zip 33179 Country FL		City & State NORTH MIAMI BEACH Zip 33179 Country FL	
4. FEI Number 20-4733871		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTER, HERMAN 240 OLD FEDERAL HIGHWAY, SUITE 120 HALLANDALE BEACH, FL 33009		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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>			
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	MGR ALTER, HERMAN 240 OLD FEDERAL HIGHWAY, SUITE 120 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTER HERMAN 2660 NE 189 ST. NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLUB, DAVID 240 OLD FEDERAL HIGHWAY, SUITE 120 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLUB, DAVID 2660 NE 189 ST NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1-17-08 Daytime Phone #	