## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000075096

Entity Name: 720 US 1, LLC.

FILED Apr 13, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

385 CENTER ISLAND 1100 CONEY ISLAND AVE GOLDEN BEACH, FL 33160

3RD FLOOR

BROOKLYN, NY 11230

**Current Mailing Address: New Mailing Address:** 

1100 CONEY ISLAND AVE 385 CENTER ISLAND. 3RD FLOOR GOLDEN BEACH, FL 33160

BROOKLYN, NY 11230

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

M. KEITH MARSHALL. P.A. ROY R. LUSTIG, P.A. 2600 DOUGLAS ROAD 18305 BISCAYNE BLVD.

300 SUITE 908

AVENTURA,, FL 33160 US CORAL GABLES, FL 33134 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: ROY R. LUSTIG 04/13/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: () Change () Addition

LATARIA, NUGZAR Name: Name: Address: 19470 39TH CT. Address: City-St-Zip: GOLDEN BEACH, FL 33160 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: MOTOVICH, BORIS Name: MOTOVICH, BORIS

Address: 1100 CONEY ISLAND AVE. Address: 1100 CONEY ISLAND AVE. 3RD FLOOR

City-St-Zip: BROOKLYN, NY 11230 City-St-Zip: BROOKLYN, NY 11230

I hereby certify that the information supplied with this filing does not qualify for the 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: BORIS MOTOVICH **MGRM** 04/13/2006