2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000075210

1. Entity Name 1220, LLC



FILED Jan 22, 2008 08:00 A Secretary of State

Principal Place of Business

1230 N.W. 7 STREET MIAMI, FL 33125 Mailing Address

1230 N.W. 7 STREET MIAM!, FL 33125



01162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1123214

33-1123214 Not Applicable

5 Continue of Status Posited
55.00 Additional

5. Certificate of Status Desired

Fee Required

Applied For

6. Name and Address of Current Registered Agent

LYONS, MICHAEL D 1230 N.W. 7 STREET MIAMI, FL 33125 DO NOT WRITE IN THIS SPACE

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

01/23/08-80076-006 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SIMON, HERBERT L
STREET ADDRESS	2721 SW 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	SIMON, JEANNETTE
STREET ADDRESS	2721 SW 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	LYONS, RICHARD W
STREET ADDRESS	1230 NW 7 STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	MGRM .
NAME	LYONS, PATRICIA L
STREET ADDRESS	1230 NW 7 STREET
CITY-ST-ZIP	MIAMI, FL 33125
INTE	
NAME	
STREET APDRESS	
CITY-ST-ZIP	
TITLE	·····
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this titing 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

11-6

305 324 1100

Daytime Phone #