2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000075212

1. Entity Name
1250 PROFESSIONAL BUILDING, LLC

Principal Place of Business	Mailing Address
1230 N.W. 7 STREET MIAMI, FL 33125	1230 N.W. 7 STREET MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
33-1123214
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, MICHAEL D
1230 N.W. 7 STREET
MIAMI, FL 33125

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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

000000791422
01/23/08-80076-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIMON, HERBERT L
STREET ADDRESS	2721 S.W. 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	MGRM
NAME	SIMON, JEANNETTE
STREET ADDRESS	2721 S.W. 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	MGRM
NAME	LYONS, RICHARD W
STREET ADDRESS	1230 N.W. 7 STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	MGRM
NAME	LYONS, PATRICIA L
STREET ADDRESS	1230 N.W. 7 STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: PATRICIA L LYONS 1-17-08 3053241100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #