


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000075216  
 1. Entity Name  
 1271-81, LLC



Principal Place of Business      Mailing Address  
 1230 NW 7 STREET      1230 NW 7 STREET  
 MIAMI, FL 33125      MIAMI, FL 33125

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 33-1123216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LYONS, MICHAEL D  
 1230 NW 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, HERBERT L 2721 SW 27TH AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, JEANNETTE 2721 SW 27TH AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYONS, RICHARD W 1230 NW 7 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYONS, PATRICIA L 1230 NW 7 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000618761  
 02/08/07-80043-005 50.00

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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: *[Signature]* Mgr. member      1-29-07      3053241100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #