


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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

DO NOT WRITE IN THIS SPACE



01162008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 33-1123216	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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

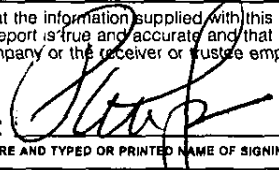
000000791419
01/23/08-80076-004 138.75

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

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	

DO NOT WRITE IN THIS SPACE

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 #