

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086760

Entity Name: 130, LLC

FILED
May 11, 2007
Secretary of State

Current Principal Place of Business:

551 BAY POINT ROAD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

551 BAY POINT ROAD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-3492303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WACHS, JEFFREY S ESQ.
1177 S. E. THIRD AVENUE
FORT LAUDERDALE, FL 33316 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ATLAS, RUSSELL
Address: 551 BAY POINT ROAD
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Delete
Name: ATLAS, RANDALL
Address: 770 N. E. 69 STREET, APT. 4-I
City-St-Zip: MIAMI, FL 33138 US

Title: MGRM () Delete
Name: ATLAS, JANET
Address: 1000 TOWERSIDE TERRACE, #1105
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RUSSELL ATLAS

MGR

05/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date