

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089301

FILED
Jun 16, 2009
Secretary of State

Entity Name: 1260 SOUTH VENETIAN, LLC

Current Principal Place of Business:

16850 COLLINS AVENUE
SUITE 105
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

1260 S. VENETIAN
MIAMI, FL 33139

Current Mailing Address:

16850 COLLINS AVENUE
SUITE 105
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

PO BOX 1245
BELLMORE, NY 11710

FEI Number: **FEI Number Applied For (X)** **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:

RICHARD A. ARONSKY, P.A.
16850 COLLINS AVENUE
SUITE 105
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

1260 S. VENETIAN LLC
3370 NE 190TH STREET
908
AVENTURA, FL 33180 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: ALFRED KHAZZAM

06/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DCA MANAGEMENT, LLC
Address: 16850 COLLINS AVENUE, SUITE 105
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGRB (X) Change () Addition
Name: ALFRED, KHAZZAM
Address: PO BOX 1245
City-St-Zip: BELLMORE, NY 11710

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: ALFRED KHAZZAM

MGRB

06/16/2009

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