

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000108346

1. Entity Name
179 NE 2ND LLC



Principal Place of Business

215 NORTH FEDERAL HIGHWAY, SUITE 1
BOCA RATON, FL 33432

Mailing Address

215 NORTH FEDERAL HIGHWAY, SUITE 1
BOCA RATON, FL 33432

FILED
08 MAR 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAZAR, JASON M
INVESTMENTS LIMITED
215 NORTH FEDERAL HIGHWAY, SUITE 1
BOCA RATON, FL 33432

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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)

DATE _____

**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
BATMASIAN, JAMES
215 NORTH FEDERAL HWY
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/06/08

Date

Daytime Phone #