2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108527

Current Principal Place of Business:

Entity Name: 2412, LLC

FILED Aug 31, 2007 Secretary of State

MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Electronic	Signature of Registered Agent	<u> </u>	Date
SIGNATURE:			
The above named entity sub in the State of Florida.	omits this statement for the pur	pose of changing its registered of	fice or registered agent, or both
MAC MAHON, DERMOT P 1860 FOREST HILL BOULE SUITE NO. 105 WEST PALM BEACH, FL 3			
•		FEI Number Not Applicable() any did not receive the prior notice. Name and Address of No	Certificate of Status Desired() ew Registered Agent:
P O BOX 347 PALM BEACH, FL 33480	US	P.O. BOX 347 PALM BEACH, FL 33480	US
Current Mailing Address:		New Mailing Address:	
P O BOX 347 PALM BEACH, FL 33480	US	167 SEAGATE PALM BEACH, FL 33480	US

City-St-Zip:

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

PALM BEACH, FL 33480 US

DERRIN, SCOTT

P O BOX 347

P O BOX 347

() Delete

() Delete

PALM BEACH, FL 33480 US

LIEBERSON, RHONA DERRIN

Title: MGRM () Delete CURRAN, STACIE DERRIN Name:

MGRM

MGRM

P O BOX 347 Address:

PALM BEACH, FL 33480 US City-St-Zip:

Title: () Change () Addition

() Change () Addition

() Change () Addition

New Principal Place of Business:

Name: Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Title: 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: SCOTT DERRIN **MGRM** 08/31/2007