

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 27, 2007 8:00 am
Secretary of State

03-12-2007 90485 024 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000019813					
1. Entity Name 811 HILLSBORO, LLC					
Principal Place of Business 811 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441			Mailing Address 811 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Fee Number 20-4351442	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDSTEIN, MARK B 2700 N. MILITARY TRAIL, SUITE 130 BOCA RATON FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when registering)</small> DATE _____					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM		<input type="checkbox"/> Delete		
NAME	GERVIS, MERVYN M				
STREET ADDRESS	811 EAST HILLSBORO BLVD.				
CITY- ST- ZIP	DEERFIELD BEACH FL 33441				
TITLE	MGRM		<input type="checkbox"/> Delete		
NAME	LIBERTY, PHILIP				
STREET ADDRESS	811 EAST HILLSBORO BLVD.				
CITY- ST- ZIP	DEERFIELD BEACH FL 33441				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Delete		
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STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mark Goldstein</i> <i>Mervyn M. Gervis</i> 2/27/07 954-571-9900					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					