

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023677

FILED
Jul 24, 2007
Secretary of State

Entity Name: 425 SE 9TH STREET, L.L.C.

Current Principal Place of Business:

2600 DOUGLAS ROAD, SUITE 908
CORAL GABLES, FL 33134

New Principal Place of Business:

1100 CONEY ISLAND AV.
BROOKLYN, NY 11230 US

Current Mailing Address:

2600 DOUGLAS ROAD, SUITE 908
CORAL GABLES, FL 33134

New Mailing Address:

1100 CONEY ISLAND AV.
BROOKLYN, NY 11230 US

FEI Number: 20-4539050 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:

LUSTIG, ROY R
2600 DOUGLAS ROAD, SUITE 908
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LUSTIG, ROY R
1 SOUTH THIRD AVENUE
1210 SUNTRUST INTERNATIONAL CENTER
MIAMI, FL 33131 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:

07/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOTOVICH, BORIS
Address: 2600 DOUGLAS ROAD, SUITE 908
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOTOVICH, BORIS
Address: 1100 CONEY ISLAND AV.
City-St-Zip: BROOKLYN, NY 11230 US

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: BORIS MOTOVICH

MGRM

07/24/2007

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