




FILED
Aug 20, 2007 8:00 am
Secretary of State

08-08-2007 90013 007 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000044717			
1. Entity Name 2401 US 301 LLC ✓			
Principal Place of Business 20515 E. COUNTRY CLUB DR #2248 AVENTURA, FL 33180 US ✓		Mailing Address 20515 E. COUNTRY CLUB DR #2248 AVENTURA, FL 33180 US ✓	
2. Principal Place of Business - No P.O. Box # 20515 E. COUNTRY CLUB DR #2248		3. Mailing Address 20515 E. COUNTRY CLUB DR #2248	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33180		Zip 33180	
Country Dade		Country Dade	
4. FEI Number TAX ID NO: 90-4814545		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 AMR, OM PAIT SCHWARTZ 11110 W. OAKLAND PARK BOULEVARD 400 SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name PAIT SCHWARTZ 901MS301 LLC Street Address (P.O. Box Number is Not Acceptable) 20515 E. COUNTRY CLUB DR #2248 City AVENTURA FL Zip Code 33180	
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 		DATE 08.17.07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, IRIT 20515 E. COUNTRY CLUB DRIVE #2248 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 08.17.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30014500



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