FILED Mar 29, 2007 8:00 am Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000050045 1. Entity Name 121 REMO PLACE, LLC					00 10 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
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Principal Place of Business Mailing Address					1				
121 REMO P		121 REMO PLACE			, . • 				
PALM BEACH	GARDENS, FL 33418 US	PHEM DEACH WARDENS, FE 33910 93			1				
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2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address						1 BAS BA BA 18 BA	
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Suite, Apt.	# pic	Suite, Apt. #, etc.			┥				
ound, rept. #; old.			Suite 430			Chg-LLC	CR2E083 (12/0)	6)	
City & State		City & State			4. FEI Numi	.		Applied For	
Oily & Siate		Melville, NY			20-4	893941		Not Applicable	
Zip	Country	Zip Coun		nu			\$5.00 Additional		
	i contains	11747		USA	5Certificat	e_ol.Status Desired.	\$3.00 A	voldmonal imd	
	Name and Address of Curre		·	UJA	7 Name an	d Address of New I			
	- House and Madiese of Calife		7. Name and Address of New Registered Agent Name						
CORPORA	ATION SERVICE COMPANY								
1201 HAY			Street Address			(P.O. Box Number is Not Acceptable)			
	SSEE, FL 32301								
			[
			}	City					
				City			FL Zip Ci	009	
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or registe	red agent, or b	oth, in the State of F	lorida. I am tamiliar wit	h, and accept	
	ions of registered agent.								
	•								
SIGNATURE .	Signature, typed or printedmarter of registered age	ex and title if socicable. (NOTE	E: Registered	Agent signature require	ed when reinstiting)		DATE		
•						1			
	Use For is \$50.00						ke check payable to		
	lling Fee is \$50.00 ue by May 1, 2007						a Department of St		
		- {							
9.	MANAGING MEM	BERS/MANAGERS	10.	•=		ADDITIONS	CHANGES		
TITLE	MGR	☐ Delete 17					☐ Chance	Addition	
NAME	LEVINE, LAWRENCE A		NAME						
STREET ADDRESS	121 REMO PLACE		STREE	T ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS, FL	3418 CITY		SI-DP					
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NAME		LJ URHKI	HAME	1			☐ Change	Addition	
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CITY-ST-ZIP		-		51-ZIP					
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11. I hereby	certify that the information supplied w	ith this filing does not qualify for	the exer	notions contained	l in Chapter 119	, Florida Statutes. I i	urther certify that the in	dormation	
	on this report is true and accurate an bility company or the receiver or trus						ging member or mana	Get Ot 1U0	
		16				•			
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SIGNAT	URE: MINUTER	a fl flus	<u>ee</u>		·	2/5/07	7 5-14-6	80 6271	
1	SIGNATURE AND TYPED OR PRINTED MAKE	E OF SIGNING MATHAGING MEMBER, MAI	MAGER OF	AUTHORIZED REPRES	FMTATR/S	Date	Coutoma Phone		