


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90034 027 \*\*\*\*50.00

**DOCUMENT # L06000051327**

1. Entity Name  
 1329 NYLIC STREET, LLC



Principal Place of Business      Mailing Address  
 2101 WEST COMMERCIAL BLVD., SUITE 2800      2101 WEST COMMERCIAL BLVD., SUITE 2800  
 FT LAUDERDALE, FL 33309      FT LAUDERDALE, FL 33309

**60032024**



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

02032007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
 20-4924649      Not Applicable

5. Certificate of Status Desired     \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQ.  
 2101 WEST COMMERCIAL BLVD., SUITE 2800  
 FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GUERRY, JAMES H III	
STREET ADDRESS	835 ELLIS RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GUERRY, DIANA M	
STREET ADDRESS	835 ELLIS RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERMAN, RICHARD E	
STREET ADDRESS	3400 GALT OCEAN DR., #1602S	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERMAN, MICHELLE	
STREET ADDRESS	3400 GALT OCEAN DR., #1602S	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Michelle Berman      Date: 3-10-07      Daytime Phone #: 954-528-1550