

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059887

Entity Name: 1503 TOC, LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

C/O CF PROPERTIES CORP./ATN. M. FRIEDMAN
6625 MIAMI LAKES DRIVE, SUITE 316
MIAMI LAKES, FL 330142705 US

New Principal Place of Business:**Current Mailing Address:**

C/O CF PROPERTIES CORP./ATN. M. FRIEDMAN
6625 MIAMI LAKES DRIVE, SUITE 316
MIAMI LAKES, FL 330142705 US

New Mailing Address:

FEI Number: 20-8624256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, MICHAEL
C/O CF PROPERTIES CORP.
6625 MIAMI LAKES DRIVE, SUITE 316
MIAMI LAKES, FL 330142705 US

Name and Address of New Registered Agent:

FRIEDMAN, MICHAEL D
C/O CF PROPERTIES CORP.
6625 MIAMI LAKES DRIVE, SUITE 316
MIAMI LAKES, FL 330142705 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: MICHAEL D. FRIEDMAN

03/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDMAN, MICHAEL
Address: 6625 MIAMI LAKES DRIVE, SUITE 316
City-St-Zip: MIAMI LAKES, FL 330142705

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRIEDMAN, MICHAEL D
Address: 6625 MIAMI LAKES DRIVE, SUITE 316
City-St-Zip: MIAMI LAKES, FL 330142705

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: MICHAEL D. FRIEDMAN

MGR

03/27/2009

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