


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000068771 1. Entity Name 401 ASSOCIATES, L.L.C.	
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Principal Place of Business 501 NORTHEAST 13TH STREET FORT LAUDERDALE, FL 33304	Mailing Address P.O. BOX 7415 FORT LAUDERDALE, FL 33338
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8656464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPARD & LESKAR, P.A.
100 NORTHWEST 70TH AVENUE
1ST FLOOR
PLANTATION, FL 33317

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000815845
02/14/08-80025-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, E. GERALD P.O. BOX 7415 FORT LAUDERDALE, FL 33388
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAGLIANONE, DEREK P.O. BOX 7415 FORT LAUDERDALE, FL 33388
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEACOCK, TAMARA P.O. BOX 7415 FORT LAUDERDALE, FL 33388
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 E. GERALD COOPER **2-1-08** 954-462-4234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #