

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093436

Entity Name: GUS ALBERT 1000, LLC

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

11813 WATERCREST LANE  
BOCA RATON, FL 33498 US

## New Principal Place of Business:

2295 NW CORPORATE BLVD.  
SUITE 240  
BOCA RATON, FL 33431 US

## Current Mailing Address:

11813 WATERCREST LANE  
BOCA RATON, FL 33498

## New Mailing Address:

2295 NW CORPORATE BLVD.  
SUITE 240  
BOCA RATON, FL 33431 US

FEI Number: 20-5608005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLACK FISHER, P.A.  
2691 E. OAKLAND PARK BLVD.  
SUITE 402  
FORT LAUDERDALE, FL 33306 US

## Name and Address of New Registered Agent:

SALBERG, SCOTT D  
2295 NW CORPORATE BLVD.  
SUITE 240  
BOCA RATON, FL 33431 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: SCOTT D. SALBERG

01/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LYNN AND SCOTT LIMIT, ED PARTNERSHIP  
Address: 20283 STATE ROAD 7, SUITE 300  
City-St-Zip: BOCA RATON, FL 33498

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LYNN AND SCOTT LIMIT, ED PARTNERSHIP  
Address: 2295 NW CORPORATE BLVD., SUITE 240  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT D. SALBERG

MGRM

01/09/2007

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