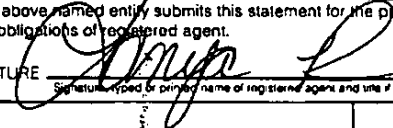


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

04-20-2007 90027 018 ****55.00

DOCUMENT # L06000097494 1. Entity Name 127 JULES LLC					
Principal Place of Business 1901 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060			Mailing Address 1901 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060		
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		
6. Name and Address of Current Registered Agent MARESCA, ANDREA 1901 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Tanya Price Street Address (P.O. Box Number is Not Acceptable) 1901 E. ATLANTIC BLVD City POMPAÑO Beach FL 33060	
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  Signature typed or printed name of registered agent and title if applicable				DATE 1/29/07 (NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVINSON, ADAM 1901 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CULLIN, THOMAS 1901 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCULLOUGH, GREGORY 1901 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAC, MATTHEW 1901 E. ATLANTIC BLVD. POMPAÑO BEACH, FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 1/29/07 DAYTIME PHONE # 954-345-9910	