

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103196

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: 1705 NE 123 ST LLC

**Current Principal Place of Business:**

2121 SW 3RD AVE  
5TH FLOOR  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2121 SW 3RD AVE  
5TH FLOOR  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE KEYES COMPANY  
2121 SW 3RD AVE  
5TH FLOOR  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE KEYES COMPANY,  
Address: 2121 SW 3RD AVE  
City-St-Zip: MIAMI, FL 33129

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: PAPPAS, TIMOTHY D  
Address: 2121 SW 3RD AVE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Change (X) Addition  
Name: PAPPAS, MICHAEL I  
Address: 2121 SW 3RD AVE, 5TH FLOOR  
City-St-Zip: MIAMI, FL 33129

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: TIMOTHY PAPPAS

MGR

03/19/2008

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