


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000108040  
 1. Entity Name  
 1101 ASSOCIATES, LLC



Principal Place of Business 2424 NORTH FEDERAL HIGHWAY, SUITE 159 BOCA RATON, FL 33431 US	Mailing Address 2424 NORTH FEDERAL HIGHWAY, SUITE 159 BOCA RATON, FL 33431 US
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5891975	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  
 WERBER, RICHARD  
 2424 NORTH FEDERAL HIGHWAY, SUITE 159  
 BOCA RATON, FL 33431

**DO NOT WRITE 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**

000007891714  
 04/23/08-20036-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHPOINT PARTNERS, LLC 2424 N FEDERAL HIGHWAY, SUITE 159 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WERBER, RICHARD PRES 2424 N FEDERAL HIGHWAY, SUITE 159 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINHARDT, ED V PRES 2424 N FEDERAL HIGHWAY, SUITE 159 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: Richard Werber **Richard Werber** 4/9/08 561-395-7588  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #