


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/10/2007-90419-007-\$55.00-\$55.00

DOCUMENT # L06000110302 1. Entity Name 201EAST DELAWARE PLACE LLC		
Principal Place of Business 3725 SOUTH OCEAN DRIVE 707 HOLLYWOOD, FL 33019 US		Mailing Address 3725 SOUTH OCEAN DRIVE 707 HOLLYWOOD, FL 33019 US
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
4. FEI Number 20-5980179		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MAHONEY COHEN & COMPANY, CPA, P.A. 1200 BRICKELL AVENUE 707 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ DATE _____ <small>(Signature typed in printed name of registered agent and this if applicable) (NOTE: Registered Agent signature required when rechartering)</small>		
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	MGR COHEN, JONATHAN 3725 SOUTH OCEAN DRIVE, #707 HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEMBER COWAN, IRVING 3725 So. OCEAN DR # 707 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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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 correct 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 prepare this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <i>Irving Cowan</i>		4/19/07 954 458 8998

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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