

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019575

FILED
May 01, 2008
Secretary of State

Entity Name: ONE FIFTY LLC

Current Principal Place of Business:

1840 JAMES AVE. APT. #22
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1840 JAMES AVE. APT. #22
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-8485078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POLANSKY, MITCHELL S ESQ
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALPERT, ROY
Address: 1840 JAMES AVE. APT. #22
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: CARDOSO, PAULO
Address: 1840 JAMES AVE. APT. #22
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: GUERRERO, CARLOS
Address: 1840 JAMES AVE. APT. #22
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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

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

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: ROY ALPERT

MR

05/01/2008

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