


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90020 005 ***138.75

DOCUMENT # L07000036693	
1. Entity Name 1603 PROPERTIES, LLC	

Principal Place of Business 1941 N. DIXIE HIGHWAY #7 POMPANO BEACH, FL 33060	Mailing Address 1941 N. DIXIE HIGHWAY #7 POMPANO BEACH, FL 33060
--	--

2. Principal Place of Business - No P.O. Box # 1603 SW BILTMORE ST.	3. Mailing Address 2240 No. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. # D

City & State PORT ST. LUCIE, FL	City & State POMPANO BEACH, Florida
Zip 34984	Zip 33062
Country	Country Broward



01062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8833266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COLANGELO, ANTHONY 1941 N. DIXIE HIGHWAY #7 POMPANO BEACH, FL 33060
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2240 D No. Federal Hwy BAY D City Pompano Beach FL Zip Code 33062
--

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 <u>Anthony Colangelo</u> DATE <u>1/7/08</u>
--

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres MGRM</u> <u>ANTHONY COLANGELO</u> <u>2240 D No. Federal Hwy.</u> <u>Pompano Beach, FL 33062</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Assoc. Pres. MGRM</u> <u>WILLIAM SQUILLACE</u> <u>532 SW NEW CASTLE COVE</u> <u>PORT ST. LUCY, FL 34986</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Anthony Colangelo</u>	DATE: <u>1/7/08</u> (954) 298-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	