

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100921

FILED
Apr 30, 2009
Secretary of State

Entity Name: 950 NE 2ND LLC

Current Principal Place of Business:

5119 ARTESA WAY WEST
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9200
JUPITER, FL 33468 US

New Mailing Address:

FEI Number: 26-1180321 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MR 44 RA LLC
5119 ARTESA WAY WEST
PALM BEACH GARDENS, FL 33418 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: MGRC () Delete
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH ST STE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MGRC () Delete
Name: ROBERTS, MARC
Address: 5119 ARTESA WAY W
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

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: ARTHUR FALCONE

MGRC

04/30/2009

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