

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115272

Entity Name: 7175 A1A SOUTH, LLC

FILED  
Apr 09, 2008  
Secretary of State

**Current Principal Place of Business:**

805 W. BROWARD BLVD.  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

805 W. BROWARD BLVD.  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI, FL 33131 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: MGRM ( ) Delete  
Name: LEAVITT FAMILY LIMIT, ED LIABILITY P A RTNESH  
Address: 805 W. BROWARD BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete  
Name: NOCERINI FAMILY LIM, TED LIABILITY P ARTNERS  
Address: 805 W. BROWARD BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33312

**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: STEVE NOCERINI

MRGM

04/09/2008

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