


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L97000001091 1. Entity Name 1521 LENOX, L.C.	
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Principal Place of Business 1300 COLLINS AVE #100 MIAMI BEACH, FL 33139	Mailing Address 1300 COLLINS AVE #100 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0784468	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHLESSER, MELVYN
1300 COLLINS AVE
#100
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

1100000346627
03/18/08-80036-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLESSER, MEL 1300 COLLINS AVE #100 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEDS, ARTHUR 215 W. 83RD ST. NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSHON, ROBERT 315 W. 55TH ST. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERSHON, MELVIN 315 W. 55TH ST. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Melvin Schless 2/26/08 305-531-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #