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.

Principal Place of Business	Mailing Address
1300 COLLINS AVE #100 MIAMI BEACH, FL 33139	1300 COLLINS AVE #100 MIAMI BEACH, FL 33139

02222008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0784468 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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

H08000046627
03/18/08-80036-017 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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: Melvyn Schlesser 2/26/08 305-531-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #