
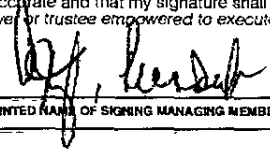


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003979		
1. Entity Name 1287, LLC		
Principal Place of Business 1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069	Mailing Address 1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEVY, ALAN J 1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALAN J. LEVY FAMILY PARTNERSHIP, LTD. 1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 1/15/04 Daytime Phone #



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0932069

Applied For
Not Applicable

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

U00000008447
01/20/04-80062-023 50.00