## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L99000003979**

1. Entity Name 1287, LLC



FILED Jan 26, 2005 08:00 AM Secretary of State

Principal Place of Business

1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069 Malling Address

1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0932069 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Benuired

B. Name and Address of Current Registered Agent

LEVY, ALAN J 1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069

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	,	IN IN	IS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in t	he State of Florida. I am lamiliar with, and accept
SIGNATURE		(NOTE. Registered Agent argnature required when reinstating)	DATE
M	iling Fee is \$80.00 ue by May 1, 2005		U00000198989
9.	MANAGING MEMBERS/MANAGERS	U	1.727705-80069-011-50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALAN J. LEVY FAMILY PARTNERSHIP, LTD, 1287 WEST ATLANTIC BLVD, POMPANO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.			

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE