

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90149 015 ****50.00

DOCUMENT # L99000006107					
1. Entity Name 1640 FEDERAL HIGHWAY, L.C.					
Principal Place of Business 2385 EXECUTIVE CENTER DRIVE, STE. 270 BOCA RATON, FL 33431			Mailing Address 2385 EXECUTIVE CENTER DRIVE, STE. 270 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 65-0961927				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEISMAN, WILLIAM S 2385 EXECUTIVE CENTER DRIVE, STE. 270 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME COHEN, DEBRA STREET ADDRESS 2101 CORPORATE BLVD., N.W., SUITE 300 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE MGRM NAME DEBRA COHEN STREET ADDRESS 2385 EXECUTIVE CENTER DRIVE, # 270 CITY-ST-ZIP BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME HEIMBERG, PAUL STREET ADDRESS 2101 CORPORATE BLVD., N.W., SUITE 300 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE MGRM NAME PAUL HEIMBERG STREET ADDRESS 1800 CORPORATE BOULEVARD, #102 CITY-ST-ZIP BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME WEISMAN, WILLIAM STREET ADDRESS 2101 CORPORATE BLVD., N.W., SUITE 300 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE MGRM NAME WILLIAM WEISMAN STREET ADDRESS 2385 EXECUTIVE CENTER DRIVE, #270 CITY-ST-ZIP BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME WEISMAN, LAUREN STREET ADDRESS 2101 CORPORATE BLVD., N.W., SUITE 300 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE MGRM NAME LAUREN WEISMAN STREET ADDRESS 2385 EXECUTIVE CENTER DRIVE, #270 CITY-ST-ZIP BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME HEIMBERG, DENISE STREET ADDRESS 2101 CORPORATE BLVD., #300 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE MGRM NAME DENISE HEIMBERG STREET ADDRESS 1800 CORPORATE BOULEVARD, #102 CITY-ST-ZIP BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MANDEL, DANIEL S STREET ADDRESS 2101 CORP. BLVD #300 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE MGR NAME DANIEL S. MANDEL STREET ADDRESS 7351 W. PALMETTO PARK ROAD, #306 CITY-ST-ZIP BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 1/15/07 Daytime Phone #: 561-241-6336		

WILLIAM WEISMAN