

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Feb 18, 2008 08:00 AM
Secretary of State



02042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WEISMAN, WILLIAM S
2385 EXECUTIVE CENTER DRIVE, STE. 270
BOCA RATON, FL 33431

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COHEN, DEBRA
STREET ADDRESS	2385 EXECUTIVE CENTER DR SUITE 270
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	HEIMBERG, PAUL
STREET ADDRESS	1800 CORPORATE BLVD SUITE 102
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	WEISMAN, WILLIAM
STREET ADDRESS	2385 EXECUTIVE CENTER DR SUITE 270
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	WEISMAN, LAUREN
STREET ADDRESS	2385 EXECUTIVE CENTER DR SUITE 270
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	HEIMBERG, DENISE
STREET ADDRESS	1800 CORPORATE BLVD SUITE 102
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	MANDEL, DANIEL S
STREET ADDRESS	7251 WEST PALMETTO PARK RD SUITE 306
CITY-ST-ZIP	BOCA RATON, FL 33431

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/08 561-241-6336