

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006107

FILED
Feb 08, 2010
Secretary of State

Entity Name: 1640 FEDERAL HIGHWAY, L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0961927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COHEN, DEBRA
Address: 2385 EXECUTIVE CENTER DR SUITE 270
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: HEIMBERG, PAUL
Address: 1800 CORPORATE BLVD SUITE 102
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: WEISMAN, WILLIAM
Address: 2385 EXECUTIVE CENTER DR SUITE 270
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: WEISMAN, LAUREN
Address: 2385 EXECUTIVE CENTER DR SUITE 270
City-St-Zip: BOCA RATON, FL 33431

Title: MGR
Name: HEIMBERG, DENISE
Address: 1800 CORPORATE BLVD SUITE 102
City-St-Zip: BOCA RATON, FL 33431

Title: MGR
Name: MANDEL, DANIEL S
Address: 2700 NORTH MILITARY TRAIL, SUITE 355
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM S. WEISMAN

MGRM

02/08/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date