


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 03, 2006 8:00 am
Secretary of State

07-14-2006 90093 017 ****50.00

DOCUMENT # M03000002267

1. Entity Name
1419 ASSOCIATES, LTD., LLC



Principal Place of Business
**781 GARWOOD ROAD
 MOORESTOWN NJ 08057**

Mailing Address
**PO BOX 640
 MOORESTOWN NJ 08057**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State
 Zip Country

4. FEI Number
23-3083095

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JURSINSKI, KEVIN F
 7800 UNIVERSITY POINTE DRIVE
 SUITE 200
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

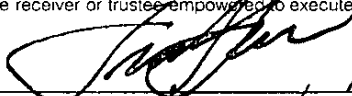
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, FRANK E 781 GARWOOD ROAD, P.O. BOX 640 MOORESTOWN NJ 08057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, ANDREA 781 GARWOOD ROAD, P.O. BOX 640 MOORESTOWN NJ 08057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 Section 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:  **FRANK LAWSON** **7-20-06** **856-608-7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

AMC FIRE PROTECTION

ADVANCE MANAGEMENT CORPORATION
AUTOMATIC SPRINKLER SYSTEMS
P.O. BOX 640 MOORESTOWN, NJ 08057
(856) 608-7878 FAX (856) 608-1903

ATTACHMENT
30012427

July 26, 2006

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Doc. No. M03000002267
1419 ASSOCIATES, LTD, LLC

To Whom It May Concern:

Attached is a copy of our check for \$50.00, which your office has received and recorded.

The following is the signed form which we did not sign originally.

Thank you for your help in this matter

Sincerely,

Barbara Dooley
Barbara Dooley

ATTACHMENT
30012427

7/6/2006
CL # 2033

FL. DEPT. OF STATE

**50.00

Fifty and 00/100*****

FL. DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL 32314-6198

Div. of Corp. Annual Report, Doc. No. M0300000022

FL. DEPT. OF STATE

Doc. No. M030000002267
Doc. Tracking 70077086167

7/6/2006

50.00

Commerce Checking Div. of Corp. Annual Report, Doc. No. M0300000

50.00

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Commerce Checking Div. of Corp. Annual Report, Doc. No. M0300000

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