

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-23-2007 90206 040 ****50.00

DOCUMENT # M05000004456 1. Entity Name 980 NORTH FEDERAL LLC			
Principal Place of Business 5-05 48TH AVENUE LONG ISLAND, NY 11101		Mailing Address 5-05 48TH AVENUE LONG ISLAND, NY 11101	
2. Principal Place of Business - No P.O. Box # 2-01 30TH AVENUE Suite, Apt. #, etc. 6-G		3. Mailing Address FAIRMAN ASSOCIATES Suite, Apt. #, etc. 4281 N.W. 1ST AVENUE	
City & State LONG ISLAND CITY, NY		City & State BOCA RATON, FL	
Zip 11101	Country US	Zip 33431	Country US
6. Name and Address of Current Registered Agent LARREA & ORTEGA 150 ALHAMBRA CIRCLE STE 950 CORAL GABLES, FL 33134 		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 2/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM 48TH AVENUE LLC 5-05 48TH AVENUE LONG ISLAND, NY 11101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 2/6/07 Daytime Phone # _____	