


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90074 015 ***138.75

DOCUMENT # M05000004456		
1. Entity Name 980 NORTH FEDERAL LLC		

Principal Place of Business 2-01 50TH AVENUE 6-G LONG ISLAND, NY 11101	Mailing Address FAIRMAN ASSOCIATES 4281 NW 1ST AVE BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>1651 NW 1st Court</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Boca Raton, FL</i>
Zip	Country <i>USA</i>



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 11-3451928	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 <i>[Signature]</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 606, Florida Statutes.

SIGNATURE: <i>Katherine Marro</i>	DATE	Daytime Phone # <i>(718) 784-3700</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		