

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90168 006 ****50.00

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DOCUMENT # M05000005924 1. Entity Name 1877 SOUTH FEDERAL LLC					
Principal Place of Business 2-01 50TH AVENUE, SUITE 6-G LONG ISLAND CITY, FL 11101			Mailing Address 2-01 50TH AVENUE, SUITE 6-G LONG ISLAND CITY, FL 11101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address FARMAN ASSOCIATES Suite, Apt. #, etc. 4281 N.W. 1ST AVENUE City & State BOCA RATON, FL. Zip 33431 Country US			
Suite, Apt. #, etc.		4. FEI Number 11-4269672			
City & State NY		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 33431		6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			
Country US		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 <u><i>Stuart Gilbert</i></u> DATE <u>2/06/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	MGR GILBERT, STUART 2-01 50TH AVENUE, SUITE 6-G LONG ISLAND CITY, FL 11101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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: <u><i>Stuart Gilbert</i></u> DATE <u>2/06/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					