


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000004766 1. Entity Name 410 S.W. 15TH ST.FLA LLC	
--	---

Principal Place of Business 11 COVENTRY ROAD LIVINGSTON, NJ 07039	Mailing Address 11 COVENTRY ROAD LIVINGSTON, NJ 07039
---	---

DO NOT WRITE IN THIS SPACE

01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2917172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MELTZER, RENAE ESQ
11098 BISCAYNE BLVD STE 201
ONE BISCAYNE PLACE
MIAMI, FL 33161

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

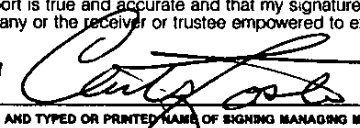
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, CURTIS 11 COVENTRY ROAD LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, STEVE 5 CANTERBURY RD LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPTEIN, IVY 7 COVENTRY ROAD LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000587820
01/17/07-80048-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **1/11/07 973-715-4750**

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