

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90124 038 \*\*\*\*50.00

**DOCUMENT # L05000006212**

1. Entity Name  
**509 FEDERAL, LLC**



Principal Place of Business  
**509 FEDERAL HIGHWAY  
 LAKE PARK, FL 33403**

Mailing Address  
**PO BOX 13019  
 NORTH PALM BEACH, FL 33408**

00001010



03292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0137551</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HELGESEN, ANDREW ESQ  
 11380 PROSPERITY FARMS ROAD, SUITE 201  
 PALM BEACH GARDENS, FL 33410**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLANEY, DONALD K <del>5752 CORPORATE WAY</del> <i>14639 Crazy Horse Ln</i> <del>WEST PALM BEACH, FL 33409</del> <i>PB Gardens, FL 33418</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSCIA, JACK <del>5725 CORPORATE WAY</del> <i>2340 Edward Rd</i> <del>WEST PALM BEACH, FL 33409</del> <i>PB Gardens, FL 33410</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Donald K Mullane* 3-30-07 561-615-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #