


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000019352 1. Entity Name 2650 NORTH ANDREWS AVENUE, LLC	
--	---

Principal Place of Business 3200 NORTH OCEAN BOULEVARD, UNIT 509 FT LAUDERDALE, FL 33308	Mailing Address 3200 NORTH OCEAN BOULEVARD, UNIT 509 FT LAUDERDALE, FL 33308
--	--

DO NOT WRITE IN THIS SPACE



04062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 83-0355039	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 LEEDS, MARILYN 3200 NORTH OCEAN BOULEVARD, UNIT 509 FT LAUDERDALE, FL 33308
--

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	LEEDS, MARILYN
STREET ADDRESS	3200 N OCEAN BLVD #509
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	LEEDS, DANIEL
STREET ADDRESS	3200 N OCEAN BLVD #509
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
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

00000358613
04/22/08-80021-006 138.75

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: *Marilyn Leeds* 4/4/08 9548181535

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