


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT-(AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000009441
 1. Entity Name
 160 HOOD AVENUE LLC



Principal Place of Business: 160 HOOD AVENUE, TAVERNIER FL 33070, US
 Mailing Address: 6910 S. W. 145 TERRACE, MIAMI FL 33158, US



2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

1st MOORE CR2E083 (10/06)
 4. FEI Number: 57-0444931
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BACSO, ROBERT R
 6910 S. W. 145 TERRACE
 MIAMI FL 33158

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: BACSO, THERESA A STREET ADDRESS: 6910 S. W. 145 TERRACE CITY-ST-ZIP: MIAMI FL 33158	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert R Bacso* 2/5/07 305-251-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #