## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000014056

NORTH ANDREWS PROPERTY LLC



**FILED** Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business

2850 N. ANDREWS AVE.

FORT LAUDERDALE, FL 33311 US

Mailing Address

2850 N. ANDREWS AVE.

FORT LAUDERDALE, FL 33311 US



03052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
01-0791892	i	Not Applicable
5. Certificate of Status Desired		0 Additional

6. Name and Address of Current Registered Agent

MORRALL, MATTHEW E 2850 N. ANDREWS AVE. FORT LAUDERDALE, FL 33311

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	ve named entity submits this statement for the purpose of char	nging its registered office or registered agent, or bot	h, in the State of Florid	a. I am familiar with, and accept
the oblig	ations of registered agent.			
SIGNATUR	E			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	4	DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
HAMÉ	MORRALL, MATTHEW E
STREET ADDRESS	2850 N. ANDREWS AVE.
CITY - \$1 - 7IP	FORT LAUDERDALE, FL 33311
TITLE	MGRM
NAME	ZADEN, RICHARD J
STREET ADDRESS	2850 N. ANDREWS AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
THE	MGRM
NAME	HUSKEY, DAVID J
STREET ADDRESS	2850 N. ANDREWS AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	,
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
1/11/15	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000663833 03/22/07-80020-010 50.00

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davime Phone #