


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000029150
 1. Entity Name
 139TH AVENUE S.W. 8TH STREET, L.L.C.



Principal Place of Business 444 BRICKELL AVENUE SUITE 415 MIAMI, FL 33131-2405 US	Mailing Address 444 BRICKELL AVENUE SUITE 415 MIAMI, FL 33131-2405 US
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01132005No Chg-LLC CR2E083 (10/03)

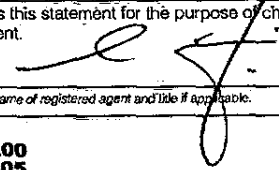
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1202407	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
 TAVARES, CHARLES
 444 BRICKELL AVE., STE. 415
 MIAMI, FL 33131

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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAVARES, CHARLES 444 BRICKELL AVENUE, STE 415 MIAMI, FL 331312405
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 3/23/05 DAYTIME PHONE #: 305 3710300

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