


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000003854 1. Entity Name 1620 NW 4TH STREET, LLC	
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Principal Place of Business 572 WEST 187TH ST NEW YORK, NY 10033	Mailing Address 572 WEST 187TH ST NEW YORK, NY 10033
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DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0594985	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ADMIRE, ROBERT 2511 PONCE DE LEON BLVD, STE 320 CORAL GABLES, FL 33134

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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 _____
Signature: typed or printed name of registered agent and title if applicable

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

U00000808483
02/07/08-80051-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUR, JOSE 572 WEST 187TH ST NEW YORK, NY 10033
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____