



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000045415</b> 1. Entity Name <b>FIFTH AVENUE DEVELOPMENT, LLC</b>	
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Principal Place of Business <b>230 PALERMO AVENUE CORAL GABLES, FL 33134</b>	Mailing Address <b>230 PALERMO AVENUE CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**

	
04112007No Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-1253020</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KORGE, THOMAS 230 PALERMO AVENUE CORAL GABLES, FL 33134</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM S.F.B. DEVELOPMENT, LLC 230 PALERMO AVENUE CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PRINCETON ASSOCIATES, LLC 1101 BRICKELL AVENUE, SUITE 402B MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/11/07-80054-020 50.00

**DO NOT WRITE  
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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:**  **4/18/07 305-444-9533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #