


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000060798

1. Entity Name
357, LLC



Principal Place of Business 2614 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address 2614 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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03072006 No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2734553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SACHER, CHARLES P
 2655 LEJEUNE ROAD, SUITE 1101
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

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 _____

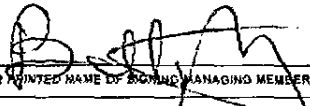
**Filing Fee is \$50.00
 Due by May 1, 2006**

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NG, ALLAN 2614 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NG, BETTY W.K. 2614 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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 03/23/06-80051-006 50.00

DO NOT WRITE IN THIS SPACE

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:  **3/14/06** **305-666-5511**

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