## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT\_\_\_\_

FILED Jan 24, 2007 08:00 AN Secretary of State

DOCUMENT # L04000072329  1. Entity Name 84 PROPERTIES LLC					Secret	tary of Sta
Principal Place of Business  3850 HOLLYWOOD BOULEVARD, SUITE 204 HOLLYWOOD, FL 33021  Mailing Address  3850 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33021			D, SUITE 204			
<del></del>						
D	O NOT WRITE	IN THIS SPAC	CE	O1052007 No Chg-LLC     FEI Number 20-1715792     Certificate of Status December 20-1715792	sired   \$5	Applied For Not Applicable  Od Additional
<u> </u>	6. Name and Address of Current Re	gistered Agent		Salar Sa		Required
MOSKOWITZ, HERMAN C.P.A. 3850 HOLLYWOOD BOULEVARD, SUITE 204 HOLLYWOOD, FL 33021				DO NOT		
				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 Signature, speed or primed name of registered agent and lifls if applicable. (NOTE, Registered Agent signature, required when reinstailing)  DATE						
Filing Fee is \$50.00 Due by May 1, 2007						
9.	MANAĞING MEMBERS	S/MANAGERS		entra Se en jar inderengant.	and the same of th	
NAME E STREET ADDRESS	MGRM BIZICK, RONALD G II 1562 SOUTH DRIVE SARASOTA, FL 34239				7000000600 1726707-800	S63 129-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE HAME						
STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
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TITLE NAME				and the second s		***************************************
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TITLE HAME STREET ADDRESS CETY-ST-ZIP	1		- · · · · · · · · · · · · · · · · · · ·			
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions cohtained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company in the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: 11901 9414W 2220 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Data DaySing Phone #						