2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000092198

1. Entity Name

4069 HOLDINGS, L.L.C.



FILED Apr 05, 2007 08:00 All Secretary of State

Principal Place of Business 4069 NE 9TH AVENUE OAKLAND PARK, FL 3334 Mailing Address

4069 NE 9TH AVENUE OAKLAND PARK, FL 3334



04032007 No Chg-LLC

- CR2E083 (11/05)

4. FEI Number 20-2057986 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAFFEI, GEORGE P ESQ. 633 SE 3RD AVENUE, SUITE 4-R FT. LAUDERDALE, FL 33301

the obligations of registered agent.

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IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent algosture required when reinstating)	DATE
· · F	iling Fee is \$50.00 ue by May 1, 2007		
9	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLASSAI, SAL 4033 NE 9TH AVE OAKLAND PARK, FL 33334	04/12/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
· TITLE			

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

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 a ccurate 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:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/3/07 954-564-8488

Davtime Phone #