


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000082803 1. Entity Name NE 18TH AVENUE DEVELOPMENT, LLC						<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 18px; font-weight: bold; transform: rotate(-5deg);">07 JUN 14 AM 11:15</div> <div style="font-size: 14px; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 3327 NE 32ND STREET FORT LAUDERDALE, FL 33308				Mailing Address 3327 NE 32ND STREET FORT LAUDERDALE, FL 33308			
2. Principal Place of Business - No P.O. Box # 550 SW 12th Ave Suite, Apt. #, etc. Bldg #4 City & State Deerfield FL Zip 33442 Country USA		3. Mailing Address 550 SW 12th Ave Suite, Apt. #, etc. Bldg #4 City & State Deerfield FL Zip 33442 Country USA		04092007 Chg-LLC CR2E083 (12/06)			
4. FEI Number 20-4522218				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 CANDIDA A. COBB, ESQ., PA 3325 NE 32ND STREET FORT LAUDERDALE, FL 33308			
7. Name and Address of New Registered Agent Name Gary DeLuca Street Address (P.O. Box Number is Not Acceptable) 550 SW 12th Ave. Bldg #4 City Deerfield FL Zip Code 33442				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 Gary DeLuca DATE 4/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARY, DELUCA 3327 NE 32ND STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DeLuca, Gary 550 SW 12th Ave. Bldg #4 Deerfield, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: Gary DeLuca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____