

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107670

FILED
Mar 21, 2007
Secretary of State

Entity Name: FIFTH AVENUE NORTH HOLDINGS, LLC

Current Principal Place of Business:

1829 59TH STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

1829 59TH STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAXBERG, GRAYSON, KUKOFF, P.A.
25 SE 2ND AVE
SUITE 730
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLAXBERG, CAREY
Address: 1829 59TH ST S
City-St-Zip: GULFPORT, FL 33707 US

Title: MGR (X) Delete
Name: JOHNSON, DANIEL
Address: 6662 BOUGAINVILLE AVE S
City-St-Zip: ST PETERSBURG, FL 33707 US

Title: MGR () Delete
Name: BURNS, KATHLEEN
Address: 1829 59TH ST S
City-St-Zip: GULFPORT, FL 33707 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BLAXBERG, KATHLEEN
Address: 1829 59TH ST S
City-St-Zip: GULFPORT, FL 33707 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAREY BLAXBERG

MGRM

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date