2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100086

Address:

City-St-Zip:

PO BOX 5147

CLEARWATER, FL 33758

Entity Name: 1609 EAST 7TH AVENUE, LLC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1523 NORTH FRANKLIN STREET TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 1523 NORTH FRANKLIN STREET TAMPA, FL 33602 FEI Number: 26-1189024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACCARDI, JASON 1523 NORTH FRANKLIN STREET TAMPA, FL 33602 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ACCARDI, JASON Name: Name: Address: 1523 NORTH FRANKLIN STREET Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ACCARDI, JOHN Name: Address: 1523 N FRANKLIN STREET Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CAPITANO, JOSEPH SR Name: Name: 1320 E 9TH AVENUE Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BUCHMAN, JACOB Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JASON ACCARDI MGRM 03/25/2009