


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000001096  
 1. Entity Name  
 7800 NE 2ND AVE, L.C.



Principal Place of Business 419 W. 49TH ST. #105 HIALEAH, FL 33012-3602	Mailing Address 419 W. 49TH ST. #105 HIALEAH, FL 33012-3602
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**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0704605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 REAL PROPERTY CARE, INC.  
 419 W. 49TH ST. #105  
 HIALEAH, FL 33012-3602

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RONALD P 419 W. 49TH ST. #105 HIALEAH, FL 330123602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, JAMES Q 419 W. 49TH ST. #105 HIALEAH, FL 330123602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RICHARD J 419 W. 49TH ST. #105 HIALEAH, FL 330123602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000929910  
 05/21/08-80090-005 138.75

**DO NOT WRITE IN THIS SPACE**

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: James Q. Fisher JAMES Q. FISHER 4/28/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #