

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90179 007 \*\*\*\*50.00

**DOCUMENT # L96000001096**



1. Entity Name  
**7800 NE 2ND AVE, L.C.**

Principal Place of Business      Mailing Address  
**419 W. 49TH ST. #106**      **419 W. 49TH ST. #106**  
**HIALEAH FL 33012-3602**      **HIALEAH FL 33012-3602**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0704605**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**7155 NW 2ND CT., L.C.**  
**419 W. 49TH ST. #106**  
**HIALEAH FL 33012-3602**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FISHER, RONALD P</b>		NAME		
STREET ADDRESS	<b>1801 CENTURY PARK E., #2400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LOS ANGELES CA 90067-2326</b>		CITY-ST-ZIP		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FISHER, JAMES Q</b>		NAME		
STREET ADDRESS	<b>1801 CENTURY PARK E., #2400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LOS ANGELES CA 90067-2326</b>		CITY-ST-ZIP		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FISHER, RICHARD J</b>		NAME		
STREET ADDRESS	<b>1801 CENTURY PARK E., #2400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LOS ANGELES CA 90067-2326</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **SIGNATURE REQUIRED** **JAMES Q. FISHER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date: **4/3/03** Daytime Phone #: **3055566627**

CR2E083 (10/02)