## 2005 LIMITED LIABILITY COMPANY

## FILED ANNUAL REPORT Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # L96000001097 1. Entity Name 746 NW 62ND ST, 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 02162005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0704501 Not Applicable \$5.00 Additional 5. Certificate of Status DesIred Fee Required 6. Name and Address of Current Registered Agent 7800 NE 2ND AVE, L.C. DO NOT WRITE 419 W. 49TH ST. #106 HIALEAH, FL 33012-3602 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FISHER, RONALD P NAMÉ 1801 CENTURY PARK E., #2400 STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 900672326 U00000284322 04/01/05-80065-002 50.00 MGR TITLE FISHER, JAMES Q STREET ADDRESS 1801 CENTURY PARK E., #2400 LOS ANGELES, CA 900672326 CITY-ST-ZIP TITI F FISHER, RICHARD J NAME STREET ADDRESS 1801 CENTURY PARK E., #2400 DO NOT WRITE CITY-ST-ZIP LOS ANGELES, CA 900672326 IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME

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

STREET ADDRESS CITY-ST-ZIP TITIF NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #