


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90029 039 \*\*\*\*50.00

DOCUMENT # L96000001097

1. Entry Name  
 746 NW 62ND ST, L.C.



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

Mailing Address  
 419 W. 49TH ST., #106  
 HIALEAH, FL 33012-3602

60040914



2. Principal Place of Business - No P.O. Box #  
 419 WEST 49TH ST

3. Mailing Address  
 419 WEST 49TH ST

Suite, Apt. #, etc.  
 # 105

Suite, Apt. #, etc.  
 # 105

City & State  
 HIALEAH, FL.

City & State  
 HIALEAH, FL.

Zip  
 33012

Country  
 U.S.A.

Zip  
 33012

Country  
 U.S.A.

03192007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

7800 NE 2ND AVE, L.C.  
 419 W. 49TH ST. #106  
 HIALEAH, FL 33012-3602

7. Name and Address of New Registered Agent

Name  
 746 NW 62ND ST. L.C.

Street Address (P.O. Box Number is Not Acceptable)  
 419 W 49TH ST. #105

City  
 HIALEAH

FL

Zip Code  
 33012

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 *James P Fisher MGR* DATE 4/9/07

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, RONALD P 1801 CENTURY PARK E., #2400 LOS ANGELES, CA 900672326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, JAMES Q 1801 CENTURY PARK E., #2400 LOS ANGELES, CA 900672326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, RICHARD J 1801 CENTURY PARK E., #2400 LOS ANGELES, CA 900672326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, RONALD P 419 W 49TH ST. #105 HIALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, JAMES Q 419 W 49TH ST. #105 HIALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISHER, RICHARD J 419 W 49TH ST. #105 HIALEAH, FL. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 P Fisher* DATE 4/9/07

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