


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L96000001097
 1. Entity Name
 746 NW 62ND ST, L.C.



Principal Place of Business 419 W. 49TH ST. SUITE 105 HIALEAH, FL 33012-3602	Mailing Address 419 W. 49TH ST. SUITE 105 HIALEAH, FL 33012-3602
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04162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0704501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 764 NW 62ND ST L.C.
 419 W. 49TH ST
 SUITE 105
 HIALEAH, FL 33012-3602

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B. 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 _____
Signature, typed or printed name of registered agent and title if applicable

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 WEST 49TH ST SUITE 105 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, JAMES Q 419 WEST 49TH ST SUITE 105 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RICHARD J 419 WEST 49TH ST SUITE 105 HIALEAH, FL 33012
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 05/21/08-80085-023 138.75

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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 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #