

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

04-22-2003 90179 004 \*\*\*\*50.00

**DOCUMENT # L96000001097**

1. Entity Name  
**746 NW 62ND ST, L.C.**



Principal Place of Business

Mailing Address

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

**419 W. 49TH ST., #106  
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 **65-0704501**

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

**7800 NE 2ND AVE, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	MGR	<input type="checkbox"/> Delete
NAME	FISHER, RONALD P	
STREET ADDRESS	1801 CENTURY PARK E., #2400	
CITY-ST-ZIP	LOS ANGELES CA 90067-2326	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FISHER, JAMES Q	
STREET ADDRESS	1801 CENTURY PARK E., #2400	
CITY-ST-ZIP	LOS ANGELES CA 90067-2326	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FISHER, RICHARD J	
STREET ADDRESS	1801 CENTURY PARK E., #2400	
CITY-ST-ZIP	LOS ANGELES CA 90067-2326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *[Signature]* **SIGNATURE REQUIRED** **JAMES Q. FISHER**

*4/3/03* *3055766627*

CR2E083 (10/02)