


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90146 012 ***138.75

DOCUMENT # L99000003390

1. Entity Name
 11010 SEVENTH AVENUE INVESTMENTS, L.L.C.



Principal Place of Business
 48 EAST FLAGLER AVENUE, SUITE 379
 MIAMI, FL 33131

Mailing Address
 48 EAST FLAGLER AVENUE, SUITE 379
 MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #
 48 E Flagler St
 Suite-Apt. #, etc.
 Suite 379

3. Mailing Address
 48 E. Flagler St
 Suite, Apt. #, etc.
 Suite 379

03062008 Chg-LLC CR2E083 (12/06)

City & State
 Miami FL

City & State
 Miami FL

Zip
 33131

Country
 U.S.

Zip
 33131

Country
 U.S.

4. FEI Number
 65-0927921

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SKRLD, INC.
 48 EAST FLAGLER, SUITE 379
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 SKRLD, Inc

Street Address (P.O. Box Number is Not Acceptable)
 48 E Flagler St, Suite 379

City
 Miami FL

Zip
 33131

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 Salomon Ceold DATE 3/6/2008

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEVENTH AVENUE LEASEHOLD, INC. 48 EAST FLAGLER AVENUE, SUITE 379 MIAMI, FL 33131	<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
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		<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
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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: Salomon Ceold Salomon Ceold, Manager 3/6/2008 305-374-5516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #