


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>1744 NW 36TH ST, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602</b>		<b>DOCUMENT # L96000001106</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified  <b>10/16/1996</b>		3a. State of Formation  <b>FL</b>	
4. FEI Number  <b>65-0704546</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report  <b>04/28/1997</b>		6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>7800 NE 2ND AVE, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  <b>FL</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	RJR ENTERPRISES, LLC	419 WEST 49TH STREET, #106	HIALEAH FL
MGR	FISHER, RONALD P	1801 CENTURY PARK EAST, #2	LOS ANGELES CA
MGR	FISHER, JAMES Q	1801 CENTURY PARK EAST, #2	LOS ANGELES CA
MGR	FISHER, RICHARD J	1801 CENTURY PARK EAST, #2	LOS ANGELES CA

**FILED.**

**98 APR 24 PM 1:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1a. Principal Place of Business Address

**419 WEST 49TH STREET, #106  
HIALEAH FL 33012**

3. Date Organized or Qualified

3a. State of Formation

**10/16/1996**

**FL**

4. FEI Number

☐ Applied For

☐ Not Applicable

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**04/28/1997**

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

**7800 NE 2ND AVE, L.C.  
419 WEST 49TH STREET, #106  
HIALEAH FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

**7800 NE 2ND AVE, L.C.**

**419 WEST 49TH STREET, #106**

**HIALEAH FL 33012**

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**AL APR 27 1998**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**4/27/98**