

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/9/2

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90148 016 \*\*\*\*50.00

DOCUMENT # L03000045774

1. Entity Name

1968 NW 7TH STREET, LLC



Principal Place of Business

101 MIRACLE MILE  
CORAL GABLES FL 33134

Mailing Address

101 MIRACLE MILE  
CORAL GABLES FL 33134

34010041

2. Principal Place of Business

6801 NW 107 CT.

3. Mailing Address

6801 NW 107 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL, FL 33178

City & State

DORAL, FL

Zip

33178

Country

DADE

Zip

33178

Country

DADE

4. FEI Number

20-0424380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRO, LUIS ESQ  
NAVARRO, MARLEY & SPIEGELMAN, P.L.  
2601 S BAYSHORE DR, STE 400  
COCONUT GROVE FL 33133

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WONG, TSUN K 101 MIRACLE MILE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YONG, WU KANG 101 MIRACLE MILE CORAL GABLES FL 33134	<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
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 exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(AS MANAGER)

8/11/04

7868973178

Date

Daytime Phone