

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000060798**

1. Entity Name  
**357, LLC**



Principal Place of Business  
**2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**

Mailing Address  
**2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**



03072006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2734553**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SACHER, CHARLES P  
2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                          |
|----------------|--------------------------|
| TITLE          | MGR                      |
| NAME           | NG, ALLAN                |
| STREET ADDRESS | 2614 PONCE DE LEON BLVD. |
| CITY- ST- ZIP  | CORAL GABLES, FL 33134   |
| TITLE          | MGR                      |
| NAME           | NG, BETTY W.K.           |
| STREET ADDRESS | 2614 PONCE DE LEON BLVD. |
| CITY- ST- ZIP  | CORAL GABLES, FL 33134   |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |

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03/23/06-80051-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/14/06 305-666-5511**