FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90030 019 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000020792

1. Entity Name
78 ROAD, LLC

Principal Place of Business	Mailing Address
555 NE 15TH STREET SUITE 200 MIAMI, FL 33132 US	555 NE 15TH STREET SUITE 200 MIAMI, FL 33132 US

60039932

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-2504420 ☐ 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
ROCHETTE, MATHIEU 1717 N BAYSHORE DRIVE SUITE 3854 MIAMI, FL 33132	Name: Rochette, Mathieu Street Address (P.O. Box Number is Not Acceptable): 555 NE 15th Street, Suite 200 City: Miami FL Zip Code: 33132

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROIZET, ERIC 1717 N BAYSHORE DRIVE #3854 MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 555 NE 15th street, Suite 200 Miami, Fl 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCHETTE, MATHIEU 1717 N BAYSHORE DR #3854 MIAMI, FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 555 NE 15th Street, Suite 200 Miami Fl 33132
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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: ______________________ 4-17-07 305-377-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #