

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-09-2007 90027 021 ****50.00

DOCUMENT # L03000013367					
1. Entity Name 540-119 AVENUE INVESTMENT, L.L.C.					
Principal Place of Business 10000 BROAD CHANNEL DR. MIAMI, FL 33157			Mailing Address P.O. BOX 972704 MIAMI, FL 33197		
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	01212007 Chg-LLC CR2E083 (12/06) 4. FEI Number 51-0467031	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRACHER, DOUGLAS J 317 N. KROME AVENUE HOMESTEAD, FL 33030				Name BARRY L. SIMONS, ESQ.	
				Street Address (P.O. Box Number is Not Acceptable) 9100 DADELAND BLVD., SUITE 400	
				City MIAMI	
				FL Zip Code 33156	
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 <u>BARRY L. SIMONS, ESQ.</u> <u>6-6-07</u> <u>4/19/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	MGR DEAN, STEPHANIE L 10000 BROAD CHANNEL DR. MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE CORRECT SPELLING DEAN	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <u>Stephanie L. Bean, mgr.</u> <u>4/19/07</u> <u>305-905-9551</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					