

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90037 025 ***138.75

DOCUMENT # L07000087447 1. Entity Name 626 EUCLID AVENUE, LLC																																					
Principal Place of Business 745 NORTH SHORE DRIVE MIAMI BEACH, FL 33141			Mailing Address 745 NORTH SHORE DRIVE MIAMI BEACH, FL 33141																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																			
4. FEI Number 51-0646451				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04252008 Chg-LLC CR2E083 (12/06)																																	
6. Name and Address of Current Registered Agent GIVNER, JACOB J 2999 N.E. 191ST STREET SUITE 700 AVENTURA, FL 33180			7. Name and Address of New Registered Agent NAME KENNETH M. HALLER Street Address (P.O. Box Number is Not Acceptable) 12315 N. KENDALL DRIVE #314 City MIAMI FL Zip Code 33186																																		
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 a registered agent. SIGNATURE <i>Kenneth M. Haller</i> KENNETH M. HALLER 4/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>LIBHABER, FELIX</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>745 NORTH SHORE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33141</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	LIBHABER, FELIX	<input type="checkbox"/>	STREET ADDRESS	745 NORTH SHORE DRIVE		CITY-ST-ZIP	MIAMI BEACH, FL 33141		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
TITLE	NAME	Delete																																			
NAME	LIBHABER, FELIX	<input type="checkbox"/>																																			
STREET ADDRESS	745 NORTH SHORE DRIVE																																				
CITY-ST-ZIP	MIAMI BEACH, FL 33141																																				
TITLE	NAME	Delete	Change	Addition																																	
NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
TITLE	NAME	Delete																																			
NAME		<input type="checkbox"/>																																			
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	NAME	Delete	Change	Addition																																	
NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
TITLE	NAME	Delete																																			
NAME		<input type="checkbox"/>																																			
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	NAME	Delete	Change	Addition																																	
NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
TITLE	NAME	Delete																																			
NAME		<input type="checkbox"/>																																			
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	NAME	Delete	Change	Addition																																	
NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
TITLE	NAME	Delete																																			
NAME		<input type="checkbox"/>																																			
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	NAME	Delete	Change	Addition																																	
NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	
STREET ADDRESS																																					
CITY-ST-ZIP																																					
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: <i>Felix Libhaber</i> FELIX LIBHABER 4/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																					