

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000001102**

1. Entity Name  
330 NW 71ST ST, L.C.



Principal Place of Business  
419 WEST 49TH STREET #105  
HIALEAH, FL 33012-3602

Mailing Address  
419 WEST 49TH STREET #105  
HIALEAH, FL 33012-3602



04162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0704456

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

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

REAL PROPERTY CARE, INC.  
419 WEST 49TH STREET #105  
HIALEAH, FL 33012-3602

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
FISHER, RONALD P  
419 WEST 49TH STREET #105  
HIALEAH, FL 330123602

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
FISHER, JAMES Q  
419 WEST 49TH STREET #105  
HIALEAH, FL 330123602

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
FISHER, RICHARD J  
419 WEST 49TH STREET #105  
HIALEAH, FL 330123602

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000000929892  
05/21/08-80085-025 138.75

**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 #