

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021454

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** 12370 S.W. 187 TERRACE, LLC

**Current Principal Place of Business:**

11890 SW 45 STREET  
MIAMI, FL 33175

**New Principal Place of Business:**

11890 SW 45 STREET  
MIAMI, FL 33175 US

**Current Mailing Address:**

11890 SW 45 STREET  
MIAMI, FL 33175

**New Mailing Address:**

11890 SW 45 STREET  
MIAMI, FL 33175- US

**FEI Number:** 20-4794022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEMAN, STEVE  
11890 SW 45 STREET  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FREEMAN, STEVE  
Address: 11890 SW 45 STREET  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE FREEMAN

MGR

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date