


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004695 1. Entity Name MARTIN & AZOULAY, L.L.C.	
---	---

Principal Place of Business 8525 S.W. 92 STREET, SUIT B-9 MIAMI, FL 33156	Mailing Address 8525 S.W. 92 STREET, SUIT B-9 MIAMI, FL 33156
---	---

DO NOT WRITE IN THIS SPACE



01202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1087457	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent MARTIN, THOMAS F 8525 S.W. 92 STREET, SUIT B-9 MIAMI, FL 33156
--

**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 resigning) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZOULAY, SHARON L 8525 SW 92ND STREET B-9 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, THOMAS F 8525 SW 92ND STREET B-9 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000663761
03/22/07-80016-018 50.00

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: *X Sharon Lazoulay* **3/3/08/07** **305 598-9988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #