

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L01000005641 1. Entity Name 3155 NW 82 AVE ASSOCIATES LLC	
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Principal Place of Business 3155 NW 82ND AVENUE SUITE 101 MIAMI, FL 33166	Mailing Address 3155 NW 82ND AVENUE SUITE 101 MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1093704	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THE DORAN JASON GROUP OF FLORIDA, INC. 3155 NORTHWEST 82 AVENUE SUITE 101 MIAMI, FL 33122

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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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JASON, DORAN A 3155 NW 82ND AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWETT, DWIGHT C 3155 NW 82ND AVENUE MIAMI, FL 33122
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<p>U00000702100 04/20/07-80083-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **4-6-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #