2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L02000005924 1. Entity Name 15 NW, LLC Principal Place of Business 6301 N. OCEAN BLVD OCEAN RIDGE, FL 33435 DO NOT WRITE IN THIS SPACE

FILED Mar 27, 2008 08:00 AN Secretary of State



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 45-0471996 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, DAVID M ESQ 1441 BRICKELL AVE SUITE 1003 MIAMI, FL 33131

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above	e named entity submits this statement for the purpose of changing it tions of registered agent.	s registered office or registered agent, or both, in the State of	f Florida. I am famíliar with, and accept
1			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age		TE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75		
	y 1, 2008 Fee will be \$538.75		00872328
9.	MANAGING MEMBERS/MANAGERS	04/10/0	18-80035-008 139 . 75
TITLE	MGR		
NAME	MALNIK, ALVIN		
STREET ADDRESS	6301 NORTH OCEAN BLVD		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		
TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP	, alt	• C	بالمراجع والمتحارب والمتحارب والمتحارب
TITLE			
NAME			
STREET ADDRESS		DO NOT	MOITE
CITY-ST-ZIP	<u> </u>	DO NOT V	VKIIE
TITLE		IN THIS S	DACE
NAME		III I IIIO O	PACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME.			
STREET ADDRESS CITY-ST-ZIP		,	
			•
TITLE NAME	·		
STREET ADDRESS			
CITY-ST-ZIP			
indicated (ertify that the information supplied with this filling does not qualify to on this report is true and accurate and that my signature shall have stillly company or the receiver or trustee empowered to execute this	the same legal effect as if made under oath; that I am a m	s. I further certify that the information nanaging member or manager of the

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE