

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90040 044 \*\*\*50.00

**DOCUMENT # L02000009302**

1. Entity Name  
7800 N.W. 2ND AVE., LLC



Principal Place of Business  
3550 BISCAYNE BLVD., SUITE 402  
MIAMI, FL 33137

Mailing Address  
3550 BISCAYNE BLVD., SUITE 402  
MIAMI, FL 33137

14002406



2. Principal Place of Business  
3550 Biscayne Blvd

Suite, Apt. #, etc.  
#400

City & State  
Miami, FL

Zip  
33137

3. Mailing Address  
3550 Biscayne Blvd

Suite, Apt. #, etc.  
#400

City & State  
Miami, FL

Zip  
33137

04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
02-0584450

Applied For  
Not Applicable

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

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

BONNIE & MILLER, CPA  
9050 PINES BLVD., STE 384  
PEMBROKE PINES, FL 33024

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MELTZER, ANDREW	
STREET ADDRESS	3550 BISCAYNE BLVD., #402	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERZNER, PAUL	
STREET ADDRESS	3550 BISCAYNE BLVD., #402	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELTZER, LOUIS	
STREET ADDRESS	3550 BISCAYNE BLVD., #402	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBAGALLO, GREG	
STREET ADDRESS	3550 BISCAYNE BLVD., #402	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#400	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#400	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#400	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Paul Kerzner*

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

Date

Daytime Phone #