
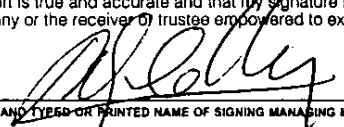


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90482 028 ****50.00

DOCUMENT # L02000009373					
1. Entity Name 7101 COLLINS, L.L.C.					
Principal Place of Business 7101 COLLINS AVENUE MIAMI BEACH, FL 33141			Mailing Address 244 MADISON AVE PMB 344 NEW YORK, NY 10016		
2. Principal Place of Business - No P.O. Box # AVE 9457-9459 HARDING		3. Mailing Address 244 MADISON AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 344			
City & State SURFSIDE FL		City & State NEW YORK NY		4. FEI Number 01-0689499	
Zip 33154		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTLIEB, BRUCE M 125 NORTH 46 AVENUE HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name: MATHIEU GOLDENBERG Street Address (P.O. Box Number is Not Acceptable): 16443 COLLINS AVE SUITE PH94 City: SUNNY ISLE FL Zip Code: 33160			
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/5/2007					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDENBERG, MATHIEU 244 MADISON AVENUE PMB 344 NEW YORK, NY 10016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 			3/5/2007 (212) 213-8100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60022423



02132007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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10. ADDITIONS/CHANGES

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SIGNATURE:

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

3/5/2007 (212) 213-8100
Date Daytime Phone #