## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 20, 2005 08:00 AM DOCUMENT # L02000010557 **Secretary of State** 1. Entity Name 3675 N.W. 67 STREET, LLC Principal Place of Business Mailing Address 6300 NW 72 AVE. 6300 NW 72 AVE. MIAMI, FL 33166 MIAMI, FL 33166 05172005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 48-1260926 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GENET, SANDOR F ESQ. DO NOT WRITE GENET & ASSOCIATES, P.A. 99 NE 167TH ST. IN THIS SPACE NORTH MIAMI BEACH, FL 33162 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Someture, typed or printed name of registered energy and ritle if applicable OVOTE: Registered Agent signature regulard when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SCHECHTER, YEHUDA NAME STREET ADDRESS 6300 NW 72 AVE. CITY-ST-ZIP MIAMI, FL 33166 U00000367736 05/20/05-80003-010 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the Information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Ввуйтю Р\*кию #