


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90343 005 ****55.00

DOCUMENT # L02000018004 1. Entity Name 7370 N.W. 12 STREET, LLC					
Principal Place of Business 2121 PONCE DE LEON BLVD., STE. 1035 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD., STE. 1035 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 6700 NW 12th St.		3. Mailing Address 6700 NW 12th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 36-4504518	
Zip 33126		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ROBERT W ESQ 2121 PONCE DE LEON BLVD., STE. 1035 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>Julio del Rey, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6700 NW 12th St.</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33126</u>		
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 <u>Julio del Rey, Jr.</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM RODRIGUEZ, ROBERT W 2121 PONCE DE LEON #1035 MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Julio del Rey, Jr. 6700 NW 12th St. Miami, FL 33126
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: <u>Julio del Rey, Jr.</u> <u>4/3/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					