2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018219

1. Entity Name AREA 31, LLC

Principal Place of Business

FT LAUDERDALE, FL 33311

2340 N.W. 29TH ST.



Mailing Address

2340 N.W. 29TH ST.

FT LAUDERDALE, FL 33311

FILED Jun 01, 2007 8:00 am Secretary of State

06-01-2007 90095 031 ****55.00

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DO NOT WRITE IN THIS SPACE

03162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GRISHAM, CLARENCE J 2340 N.W. 29TH ST. FT LAUDERDALE, FL 33311

STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 reinstalling) DATE			DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISHAM, HAZEL R 2340 NW 29TH ST FT LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISHAM, CLARENCE 2340 NW 29 ST FORT LAUDERDALE, FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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.

SACHATURE: CONTROL OF PERITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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