


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90210 039 ****55.00

DOCUMENT # L02000018627	
1. Entity Name FERN & ASSOCIATES LLC	

Principal Place of Business 500 BAYVIEW DR PH25 SUNNY ISLES BEACH, FL 33160	Mailing Address 500 BAYVIEW DR PH25 SUNNY ISLES BEACH, FL 33160
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2. Principal Place of Business - No P.O. Box # 16300 NE 19 Ave Suite, Apt. #, etc. Suite 203 City & State North Miami Beach FL Zip 33162 Country USA	3. Mailing Address Same ↑ Suite, Apt. #, etc. City & State Zip Country
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01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1034987	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FERN, OFELIA 21155 HELMSMAN DR M15 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERN, OFELIA 21155 HELMSMAN DR #M15 AVENTURA, FL 33180 <input type="checkbox"/> Delete	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: 	1/4/07 - 786-367-8452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #