2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
04-13-2005 90215 050 ****50.00

DOCUMENT # L02000020610

1. Entity Name
8TH STREET, L.L.C.

30005771

Principal Place of Business	Mailing Address
1220 SW 8TH ST MIAMI, FL 33135	P.O. BOX 2223 MIAMI BEACH, FL 33140

01212005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
54-2105350
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOTOLA, BERNARDO
301 ALMERIA AVENUE, SUITE 345
LUSKY & MOTOLA, P.A.
CORAL GABLES, FL 33134

HOFFMAN LEVY BENGLO + CO
2525 N STATE RD 7
SUITE 115
HOLLYWOOD, FL 33021

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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 _____ 5/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GREEN, ADRIAN
STREET ADDRESS	3120 PINE TREE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	BARROUKH, YVES
STREET ADDRESS	5696 ALTON RD.
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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: _____ 3/18/05 786 395 5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #