

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/

FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90215 045 ****50.00

DOCUMENT # L02000020625

1. Entity Name
25TH STREET, L.L.C.



Principal Place of Business
1044 NW 1ST ST,
MIAMI, FL 33130 US

Mailing Address
P.O. BOX 2223
MIAMI BEACH, FL 33140 US

30005768



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0213893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MOTOLA, BERNARDO ESC.~~ *HOFFMAN-LEVY BENGIO + CO*
~~C/O LUSKY & MOTOLA, P.A.~~ *ATT: RONEN BENHARUSH*
~~301 ALMERIA AVENUE, SUITE 345~~
~~COBAL GABLES, FL 33134~~ *2525, N STATE RD 7, SUITE 115*
HOLLYWOOD, FL 33021.

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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]*
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

5/1/05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BARRORKH, YVES
5969 ALTON ROAD
MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GREEN, ADRIAN
3120 PINE TREE DRIVE
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

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/18/05
Date

786-395-0559
Daytime Phone