

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026668

**FILED**  
**Feb 13, 2007**  
**Secretary of State**

**Entity Name:** 7572 91 ST. N., L.L.C.

**Current Principal Place of Business:**

9023 PARK BLVD.  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

9023 PARK BLVD.  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 43-1978458      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SHAPIRO, MICHAEL  
Address: 9023 PARK BLVD.  
City-St-Zip: SEMINOLE, FL 33777

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL C. SHAPIRO      MGR      02/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date