## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L02000027654

1. Entity Name

409 NW 4TH COURT, LLC

Principal Place of Business 407 N.W. 4TH AVENUE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

POMPANO BEACH, FL 33060

Mailing Address

407 N.W. 4TH AVENUE POMPANO BEACH, FL 33060

## **FILED** Mar 26, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

03162007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 05-0566041 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 

Fee Required

JACKSON, OREDA G 407 N.W. 4TH AVENUE POMPANO BEACH, FL 33060

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

6. 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. It am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-		(NOTE: Registered Agent eignature required when reinstating)	DATE
Fiting Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	GRISHAM, CLARENCE SR		
STREET ADDRESS	2340 NW 29TH STREET	ł	
CITY-ST-ZIP	OAKLAND PARK, FL 33311		t particular and an artist and a second and a
TITLE	MGR		U00000678742 04/03/07-80010-009 50.00
NAME	MINGO, PANSY G		U4/03/U/~8UU.U-BU3 50.UU
STREET ADDRESS	1458 HAZELWOOD TERRACE		
CITY-ST-ZIP	PLAINFIELD, NJ 07060		
TITLE			
HAME			
STREET ADDRESS		DO	NOT WRITE
CITY-ST-ZIP			MOI WALLIE
TITLE		INI '	THIS SPACE
NAME		114	TITIO OF AGE
STREET ADDRESS			
CITY-ST-ZIP			

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 1 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: [LU]