


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90076 019 \*\*\*\*50.00

<b>DOCUMENT # L03000010889</b> 1. Entity Name WELSHIRE 37, LLC	
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Principal Place of Business <del>ONE SE THIRD AVENUE</del> <b>9990 SW 71 Ave</b> <del>SUITE 1440</del> <b># 205</b> <del>MIAMI, FL 33131</del> <b>Miami, FL</b>	Mailing Address ONE SE THIRD AVENUE SUITE 1440 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01132005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3057801	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

JOSEPH, SETH Z  
C/O KURZBAN, KURZBAN, WEINGER & TETZELI, PA  
2650 S.W. 27TH AVE., SUITE 200  
MIAMI, FL 33133

**DO NOT WRITE  
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, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
VALSHIRE, LLC  
ONE SE THIRD AVENUE #1440  
MIAMI, FL 33131

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #