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

SIGNATURE:

## Jan 08, 2007 8:00 am Secretary of State DOCUMENT # L03000012564 01-08-2007 90210 020 \*\*\*\*50.00 BLUMENTHAL PROPERTIES, LLC Principal Place of Business Mailing Address MUUUUNU. CODAND BIT WENTHAL CODAMDBLLMENTHAL 10805-9AB8THST. 10905\_SABBTHST. MAM, FL 33176 MAM, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9795 SW985r 4795 SW 485T Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For FI FI Miami 59-0579281 Miami Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33176 usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUMENTHAL, DAVID Street Address (P.O. Box Number is Not Acceptable) 10805 GW 88TH ST: 9)95 5W 985T MIAMI, FL. 33176 Zip Code 33 い Miami 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. Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ППЕ □ Delete TITLE MGR ☐ Change Addition BLUMENTHAL, DAVID NAME michael Blumanthal NAME STREET ADDRESS 10805 SW 88TH ST .-STREET ADDRESS 9795 5~ 985T 97955~ GRST CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP Miami rel 33176 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME David Blumanthal STREET ADDRESS STREET ADDRESS eres swarst CITY-ST-ZIP CITY-ST-7iP MIAMI FL 33176 TITLE TILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

ilrlos

Date

3054097752

Daytime Phone #