

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-09-2007 90027 020 ****50.00

DOCUMENT # L03000013371 1. Entity Name 7030-19 STREET INVESTMENT, L.L.C.					
Principal Place of Business 10000 BROAD CHANNEL DR MIAMI, FL 33157			Mailing Address P.O. BOX 972704 MIAMI, FL 33197		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0467038	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PRACHER, DOUGLAS J 317 N. KROME AVENUE HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name BARRY L. SIMONS Street Address (P.O. Box Number is Not Acceptable) 9100 DADELAND BLVD # 400 City MIAMI FL Zip Code 33156		
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 BARRY L. SIMONS, ESQ. <i>[Signature]</i> 6-6-07 5/3/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEAN, STEPHANIE 10000 BROAD CHANNEL DR. MIAMI, FL 33157	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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. STEPHANIE L. BEAN SIGNATURE: <i>Stephanie L. Bean, mgr</i> 5/3/07 305-905-9551 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

