2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000020665

1. Entity Name 6240 N.E. 4TH CT., LLC



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

6240 N.E. 4TH CT.

MIAMI, FL 33138

Mailing Address

901 NE 125TH STREET, SUITE 101

MIAMI, FL 33161



04172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2021259 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATERNOSTRO, JOSEPH 901 N.E. 125TH STREET, SUITE #101 NORTH MIAMI, FL 33161

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo	oth, 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, 2007 U00000757810 05/23/07-80080-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, WAYNE E 10151 NE 14TH AVENUE MIAMI, FL 33138
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11. I hereby certify that the information supplied with this filling 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: KWC

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

4/26/67 305-895-7355

Davilme Phone ≢