## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L03000024810

1. Entity Name 204 6TH STREET, L.L.C.



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

1600 NW 165 STREET MIAMI, FL 33169 US

Mailing Address

1600 NW 165 STREET MIAMI, FL 33169 US



02062008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number Applied For 20-0082620 Not Applicable

5. Certificate of Status Desired 

5.00 Additional

6. Name and Address of Current Registered Agent

FRANCO, ABE 1600 NW 165 STREET MIAMI, FL 33169

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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.									
SIGNATU	JRE								
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
9.	MANAGING MEMBERS/MANAGERS	e							
TITLE	MCP								

NAME FRANCO, ABE STREET ADDRESS 1600 NW 165 STREET CITY-ST-ZIP MIAMI, FL 33169 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

000000827677 02/21/08-80100-010 138.75

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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.

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2/11/08

305-374-1169

Oaylime Phone