


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000028501 1. Entity Name 3328 S.W. 46TH AVENUE LLC |  |
|---|---|

| | |
|---|--|
| Principal Place of Business 3328 BURRIS RD. SOUTHWEST 46TH AVE DAVIE, FL 33314-2215 | Mailing Address 3328 BURRIS RD. SOUTHWEST 46TH AVE. DAVIE, FL 33314-2215 |
|---|--|



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FCL Number 20-0670727 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

| |
|--|
| 6. Name and Address of Current Registered Agent STONE, ADELE I C/O ATKINSON DINER STONE ET AL 1946 TYLER ST. HOLLYWOOD, FL 33020 |
|--|

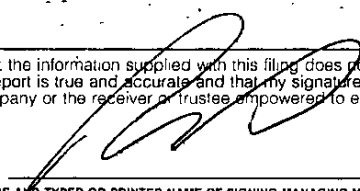
| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

| |
|---|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR FUCCILE, PATRICIA 3328 BURRIS RD, SOUTHWEST 46TH AVE. DAVIE, FL 333142215 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| |
|--|
| <p>U000000588174 01/17/07-80061-017 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
|--|

| |
|--|
| 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:  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE |
| Date <u>1/17/07</u> Daytime Phone # <u>954-7924625</u> |