

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000032387

1. Entity Name
64TH STREET INVESTORS, LLC



Principal Place of Business
4811 NW 79TH AVE, STE 5
MIAMI, FL 33166

Mailing Address
4811 NW 79TH AVE, STE 5
MIAMI, FL 33166



04152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0183430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERRANO, CESAR E
4811 NW 79TH AVE, STE 5
MIAMI, FL 33166

**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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SERRANO, CESAR E
STREET ADDRESS 4811 NW 79TH AVE, STE 5
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGR
NAME HOOVER, JOHN W JR
STREET ADDRESS 4811 NW 79TH AVE, STE 5
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGR
NAME ANTHONY, JAMES
STREET ADDRESS 4811 NW 79TH AVE, STE 5
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000322104
04/21/05-80105-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/15/05 305 592 6559

Date

Daytime Phone #