

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000038853**

1. Entity Name  
**321 NW 5TH STREET, LLC**



Principal Place of Business  
**407 NW 4TH AVENUE  
POMPANO BEACH, FL 33060**

Mailing Address  
**407 NW 4TH AVENUE  
POMPANO BEACH, FL 33060**



03162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1899124**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRISHAM, CLARENCE J  
407 NW 4TH AVENUE  
POMPANO BEACH, FL 33060**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JACKSON, OREDA G  
407 NW 4TH AVE.  
POMPANO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MINGO, PAMSY G  
1458 HAZELWOOD TERR.  
PLAINFIELD, NJ 07060**

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

11000000678737  
04/03/07-80010-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** *Pammy G. Mingo*

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

*3/21/07*

Date

*(954) 943-8340*

Daytime Phone #