## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000039161** 

1. Entity Name 824 LLC

Principal Place of Business

6925 S.W. 8TH STREET MIAMI, FL 33134

Mailing Address

\_6925 S.W. 8TH STREET MIAMI, FL 33134

FILED Apr 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0467300

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL REY, JULIO JR. 6925 S.W. 8TH STREET MIAMI, FL 33134

## DO NOT WRITE IN THIS SPACE

	named entity submits this stateme tions of registered agent.	nt for the purpose of cha-	nging its registere	d office or registered agent, or both	n, in the State of Florida I am familiar with, and acce	ţ <b>Ç</b> Î	
SIGNATURE.	Signature, typed or printed name of registered.	seems and title of employable	INOTE Property	Agent signature required when reinstating)	DATE		
F	iling Fee is \$50.00 ue by May 1, 2006	egent and ove it approache	(NOTE neglatated	egan est ema estima mas canaming			
9.		MBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS DITY-ST-ZIP	MGR DEL REY, JULIO JR. 6925 S.W. 8TH STREET MIAMI, FL 33134	<u>.</u>	 		U00000517369 05/01/06-80042-011 55.00		
NAME STREET ADDRESS ONY-ST-ZIP							
ISTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITCE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

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:

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

112104

Daytene Phone #