2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000003854

1. Entity Name
1620 NW 4TH STREET, LLC

Principal Place of Business	Mailing Address
572 WEST 187TH ST NEW YORK, NY 10033	572 WEST 187TH ST NEW YORK, NY 10033

DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-0594985		Not Applicable

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

6. Name and Address of Current Registered Agent

ADMIRE, ROBERT
2511 PONCE DE LEON BLVD, STE 320
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000808483
02/07/08-80051-010 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TUR, JOSE
STREET ADDRESS	572 WEST 187TH ST
CITY-ST-ZIP	NEW YORK, NY 10033

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #