


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000025269
 1. Entity Name
 165TH STREET, LLC



| | |
|--|--|
| Principal Place of Business 1600 NW 165 STREET MIAMI, FL 33169 | Mailing Address 1600 NW 165 STREET MIAMI, FL 33169 |
|--|--|

DO NOT WRITE IN THIS SPACE



02202007 No Chg-LLC CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-0972115 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
 FRANCO, ABE
 1600 NW 165 STREET
 MIAMI, FL 33169

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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 _____ (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 FRANCO, ABE 1600 NW 165 STREET MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEDA, RONNY 1600 NW 165 STREET MIAMI, FL 33169 |
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 04/03/07-80038-025 50.00

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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: Abbe Fran Date: 3/20/07

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