

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90049 002 ****55.00

DOCUMENT # L04000036371

1. Entity Name
228 N.W. 14TH ST., LLC



Principal Place of Business
2340 N.W. 29TH ST.
FT LAUDERDALE, FL 33311

Mailing Address
2340 N.W. 29TH ST.
FT LAUDERDALE, FL 33311

20051457



07102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1995500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISHAM, CLARENCE
2340 N.W. 29TH ST.
FT LAUDERDALE, FL 33311

**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 September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GRISHAM, CLARENCE
STREET ADDRESS 2340 NW 29 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE MGR
NAME GRISHAM, HAREL Haze
STREET ADDRESS 2340 NW 29 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

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

**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 608, Florida Statutes.

SIGNATURE: *Clarence Grisham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-11-06

Date

Daytime Phone #