


**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90095 028 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**


**DOCUMENT # L04000036373**  
 1. Entity Name  
 230 N.W. 14TH ST., LLC



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

**DO NOT WRITE IN THIS SPACE**

30011464



03162007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 57-1205923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
 GRISHAM, CLARENCE J  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISHAM, CLARENCE 2340 NW 29TH ST FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISHAM, HAZEL 2340 NW 29TH ST FORT LAUDERDALE, FL 33311
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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 606, Florida Statutes.

**SIGNATURE:** *Clarence Grisham*      *June 29, 07*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Day/Time/Phone #