


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

08-02-2006 90049 004 \*\*\*\*55.00

**DOCUMENT # L04000036374**

1. Entity Name  
 232 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
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**DO NOT WRITE IN THIS SPACE**



07102006No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1205890	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 reinstating)

**Filing Fee is \$50.00  
 Due by September 8, 2006**

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 Hazel GRISHAM, HAZEL 2340 NW 29TH ST FORT LAUDERDALE, FL 33311
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**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 7-11-06

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