2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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1. Entity Name SW 217TH STREET, LLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Mailing Address

1401 BRICKELL AVENUE, SUITE 510 MIAMI, FL 33131

1401 BRICKELL AVENUE, SUITE 510 MIAMI, FL 33131



01232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number				Applied For
55-0874419		- [_	Not Applicable
5. Certificate of Status Desired		\$5.0		Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HICKEY, JOHN H 1401 BRICKELL AVENUE, SUITE 510 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
F! D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HICKEY, JOHN H 1401 BRICKELL AVENUE, SUITE 510 MIAMI, FL 33131	•	
NAME STREET ADDRESS CITY-ST-ZIP			U00000607090 01/31/07-80023-012 50.00 •
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st bility company or the receiver or trustee empayered to exer	qualify for the exemptions contained in Chapter 1 nall have the same legal effect as if made under cute this report as required by Chapter 608, Flori	 Florida Statutes. I further certify that the information bath; that I arn a managing member or manager of the da Statutes.