2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1.04000048763



FILED Jan 14, 2008 8:00 am Secretary of State

1. Entity Name TORRES NO. 1 LLC								01-14-2008 9	0043 041	***138.7	/5
Principal Place of Business 2104 WEST OAKLAND PARK BLVD OAKLAND PARK, FL			Mailing Address 720 LAKE STREET NEWARK, NJ 07104				60001235				
2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082008	Chg-LLC	CR2E0	33 (12/06)	
City & State			City & State				4. FEI Numb				oplied For ot Applicable
Zip	Zip Country		Zip Count		try	5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name	and Address of Current F	Registered Agent				7. Name and	Address of New R	Registered A	gent	
					Name						
	KEN SOU	T & DIBELLO, PA IND PARKWAY NW 33487			Street A	ddress (P.	O. Box Numb	er is Not Acceptable	e)		
					City				FL	Zip Cod	e
		ty submits this statement for tered agent.	the purpose of changing its	register	ed office or	r registered	d agent, or bo	oth, in the State of Flo		amiliar with,	and accept
SIGNATURE .		d or printed name of registered agent a	and title if equilibrative (NOTE	- Revistare	d Anent sinneh	ure required w	hen reinstating)		DATE		
	Signature, typec	or printed haine or registered agent a	incline il approcate. (1001)	Negratore	O AGENT SIGNAL	DIG IBOJORGO W	incit residency)				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payable to Florida Department of State				
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				10.		····			a Departme		e
9. TITLE NAME	MGRM TORRES	Fee will be \$538.75 MANAGING MEMBER DAMIAN		TITL	ΙE	MGR TOR	RES, 5	ADDITIONS	a Departme		Addition
9. TITLE NAME STREET ADDRESS	MGRM TORRES 720 LAKE	MANAGING MEMBER DAMIAN STREET	RS/MANAGERS	TITLI NAM STRE		TOR 720	RES, 5 LAKE	ADDITIONS. USANA STREET	a Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM TORRES 720 LAKE	Fee will be \$538.75 MANAGING MEMBER DAMIAN	RS/MANAGERS	TITLE NAM STRE	EET ADDRESS -ST-ZIP	TOR 720	RES, 5 LAKE	ADDITIONS	a Departme	ent of State	
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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 mer limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.