## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000055089

Entity Name: BURNT STORE 36, L.L.C.

CAPE CORAL, FL 33904

City-St-Zip:

FILED May 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1314 LAFAYETTE ST SUITE C CAPE CORAL, FL 33904 **New Mailing Address: Current Mailing Address:** 1314 LAFAYETTE ST SUITE C CAPE CORAL, FL 33904 FEI Number: 20-1448265 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BASERVA, JOSE 1314 LAFAYETTE ST SUITE C CAPE CORAL, FL 33904 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DUARTE, JORGE Name: Name: 5975 SUNSET DRIVE, SUITE 601 Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BASERVA, JOSE Name: Name: Address: 1314 LAFAYETTE ST. STE C Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FLORIDA IMMOBILIEN I, NVESTMENTS, IN C. Name: Name: Address: 2301 DEL PRADO BLVD, STE 100 Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: ASHLIND REALTY CORP. Name: 5975 SUNSET DRIVE, SUITE 601 Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition AGUIAR, JOSE M Name: Name: 4931 NORMANDY CT. Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AGUIAR, ZORAIDA M Name: Name: Address: 4931 NORMANDY CT. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: JOSE BASERVA MGRM 05/02/2007