

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000065011**

1. Entity Name  
**71 ST TERRACE LLC**



Principal Place of Business  
**C/O LISA J. MESSINA  
5932 NW 54TH CIRCLE  
CORAL SPRINGS, FL 33067**

Mailing Address  
**C/O LISA J. MESSINA  
5932 NW 54TH CIRCLE  
CORAL SPRINGS, FL 33067**



04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1521042**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MESSINA, LISA J  
5932 NW 54TH CIRCLE  
CORAL SPRINGS, FL 33067**

**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 \_\_\_\_\_

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MESSINA, LISA J
STREET ADDRESS	5932 NW 54TH CIRCLE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	MGR
NAME	TROIA, RASARIO
STREET ADDRESS	8753 WELLINGTON VIEW DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33411
TITLE	MGR
NAME	TROIA, AUDREY
STREET ADDRESS	8753 WELLINGTON VIEW DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000710222  
04/25/07-80034-022 50.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #