2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000071145  1. Entity Name 27TH AVENUE PROPERTIES, LLC.  05 MAY 13 AM 9: 51  Principal Place of Duniness 1649 EAST MAIN STREET 1649 EAST MAIN			TUAL REPUR	<b>.</b> .			F11 5 + .
Pincopal Pince of Dustress   Mailing Address   1649 RSM Mail STREET   PAHOREE, FL 33476 US   1649 RSM Mailing Address   1649 RS	1. Entity Name		145			SECRETO DIVISION O 05 MAY 1	ARY OF STATE F CORPORATIONS  3 AM 9:51
Solito Apt 4 etc.  Solito Apt 5 etc.  Solito Apt 5 etc.  Solito Apt 6 etc.  Solito Apt 7 etc.  Solito Apt 6 etc.  Solito Apt 7 etc.  Solito Apt 6 etc.  Solito Apt 7 etc.  Solito Apt 8 etc.  Solito Apt 7	1649 EAST MAIN	STREET	1649 EAST MAIN STREE			Ä OTA SIEN OTA GEN EEN	
Amended AR is \$5.00   Amended AR is \$5.00	215 SW Suite, Apt. #, etc	125th Ave	215 W / Suite, Apt. #, etc.	25th Ave		- Chg-LLC	CR2E083 (10/03)
Signature of the state of the s	planta			Country		-	Not Applicable
NASIR MOHAMMED 1649 E MAIN STREET PAHOKEE, FL 33476  8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  MARK MOHAMMED  Amonded AR is \$50.00  ITILE  MARK MOHAMMED  TILE  T	3332	5 Brovard			1		Fee Required
B. The above named entity submits this statement for the purpose of changing its registered align. Change of the colligations of registered agent.  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered agent.  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the college of the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the college of the colligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the florida.  B. The above registered agent, or both, in the State of Florida. I am lamillar with, and accept the floridation of Floridation of Floridations of Flori	1649 E. MAIN	STREET	Street Address (P.O. Box Number is Not Acceptate			EIBLE per is Not Acceptable AVE	)
The obligations of registered agent.  SIGNATURE  Amended AR is \$50.00  Amended AR is \$50.00  Make check payable to Florida Department of State  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  ITILE MGRM   Change   MAGNIN   Change   MAGNI			•	0	lantation		<b>Г</b> □   23326
B. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITTLE MAGRM NASIR, MOHAMMED 1649 E. MAIN ST. PAHOKEE, FL 33475	the obligations	of registered agent.	>			oth, in the State of Flo	
TITLE MARS MASIR, MOHAMMED MAS	Amer	nded AR is \$50.00				[	- •
TITLE MARK NASKR. MOHAMMED STREET ADDRESS CITY-ST-2P PAHOKEE, FL 33475  TITLE MARK STREET ADDRESS CITY-ST-2P C	9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS /	CHANGES
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. If joby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is rated 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 led liability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Fl. 333	
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