

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 9:51

DOCUMENT # L04000071145

1. Entity Name
27TH AVENUE PROPERTIES, LLC.



Principal Place of Business
1649 EAST MAIN STREET
PAHOKEE, FL 33476 US

Mailing Address
1649 EAST MAIN STREET
PAHOKEE, FL 33476 US

2. Principal Place of Business
215 SW 125th Ave.
Suite, Apt. #, etc.

3. Mailing Address
215 SW 125th Ave.
Suite, Apt. #, etc.

City & State
Plantation, FL
Zip 33325 Country Broward

City & State
Plantation
Zip 33325 Country Broward

05082005 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0554025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NASIR, MOHAMMED
1649 E. MAIN STREET
PAHOKEE, FL 33476

7. Name and Address of New Registered Agent
Name RINA BLEIBLE
Street Address (P.O. Box Number is Not Acceptable)
215 SW 125th Ave.
City plantation FL Zip Code 33325

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)

5-10-05 DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NASIR, MOHAMMED ☒ Delete
STREET ADDRESS 1649 E. MAIN ST.
CITY-ST-ZIP PAHOKEE, FL 33475

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME RINA BLEIBLE ☐ Change ☒ Addition
STREET ADDRESS 215 SW 125th Ave.
CITY-ST-ZIP plantation FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME 700056151281 ☒ Change ☐ Addition
STREET ADDRESS 06/14/05--01045--007 **55.00
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby 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 stated 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-10-05 94-731-0931 Date Daytime Phone #