


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000000829 1. Entity Name 836 FIRST STREET LLC	
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Principal Place of Business 157 COLLINS AVENUE, 2ND FLOOR C/O MILES CHEFETZ MIAMI BEACH, FL 33139	Mailing Address 157 COLLINS AVENUE, 2ND FLOOR C/O MILES CHEFETZ MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01312007No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELOFF, JONATHAN ESQ
1111 LINCOLN ROAD, SUITE 400
MIAMI, FL 33139

**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 NAME STREET ADDRESS CITY-ST-ZIP	MEMB CHEFETZ, MYLES 157 COLLINS AVENUE, 2ND FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMB FOX, NELSON 157 COLLINS AVENUE, 2ND FLOOR MIAMI BEACH, FL 33139
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02/23/07-80032-001 50.00

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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:  Nelson Fox 02/15/07 305-785-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #