


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90054 017 ***138.75

DOCUMENT # L05000003933	
1. Entity Name 46TH AVENUE ASSOCIATES, LLC	

Principal Place of Business 1391 SAWGRASS CORP PKWY SUNRISE, FL 33325	Mailing Address PO BOX 267430 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box # 1391 Sawgrass Corp Pkwy	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sunrise, FL	City & State
Zip 33325	Country USA

02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 52-2451445	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KLITZMAN, LAWRENCE S 1391 SAWGRASS CORP PKWY WESTON, FL 33325	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1391 Sawgrass Corporate Parkway City Sunrise FL Zip Code 33325
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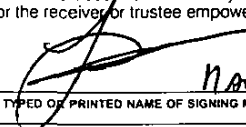
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGIONAL INVESTMENT PROPERTIES INC. 1391 SAWGRASS CORP PKWY SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1391 Sawgrass Corporate Pkwy Sunrise, FL 33325 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Lawrence S. Klitzman	4-10-08	954 384 4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #