


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90006 030 ****50.00

DOCUMENT # L05000016613					
1. Entity Name NW 11TH PLACE, LLC, <i>wrong</i>					
Principal Place of Business 252 SOUTH FIG TREE LANE PLANTATION, FL 33317 US			Mailing Address 252 SOUTH FIG TREE LANE PLANTATION, FL 33317 US		
2. Principal Place of Business - No P.O. Box # 262 So. Fig Tree Lane		3. Mailing Address 262 So. Fig Tree Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number NOT APPLICABLE	
Zip 33317		Country USA		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 BARRY S. SCHINDER, P.A. 1909 TYLER STREET PENTHOUSE HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME SIMONS, JANE F <i>wrong</i>		TITLE MGRM	NAME Simons, Jane F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 252 SOUTH FIG TREE LANE	CITY-ST-ZIP PLANTATION, FL 33317		STREET ADDRESS 262 So. Fig Tree Lane	CITY-ST-ZIP Plantation, FL 33317	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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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: <i>Jane F. Simons</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

60001300



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