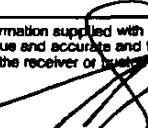


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90070 010 ***150.00

DOCUMENT # L05000017782			
1. Entity Name 7TH AVENUE HOLDINGS, L.L.C.			
Principal Place of Business 839 NW 7TH AVENUE FORT LAUDERDALE, FL 33311		Mailing Address 4253 LIVE OAK BLVD DELRAY BEACH, FL 33445	
2. Principal Place of Business - No P.O. Box 220 NE 13th ST.		3. Mailing Address SAME	
Suite, Apt. #, etc. POMPANO BEACH		Suite, Apt. #, etc.	
City & State FL		City & State	
Zip 33060	Country	Zip	Country
4. FEI Number 204813799		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GREENER, TIMOTHY 4253 LIVE OAK BLVD DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 474 Juno Dones Way City Juno Beach FL Zip Code 33408	
8. The above named entity submits this report 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:  Timothy Greener DATE: 4/27/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)			
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 NAME STREET ADDRESS CITY - ST - ZIP MGRM GREENER, TIMOTHY 4253 LIVE OAK BLVD DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 474 Juno Dones Way Juno Beach FL 33408	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 liquidator empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE:  Timothy Greener DATE: 4/27/07 561-252 0102 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			