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

04-30-2007 90070 010 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000017782

1. Entity Name
7TH AVENUE HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
839 NW 7TH AVENUE FORT LAUDERDALE, FL 33311	4253 LIVE OAK BLVD DELRAY BEACH, FL 33445

04252007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
220 NE 13th ST.		SAME	
Suite, Apt. #, etc. POMPANO BEACH.		Suite, Apt. #, etc.	
City & State FL.		City & State	
Zip 33060	Country	Zip	Country

4. FEI Number 20-4813799 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENER, TIMOTHY 4253 LIVE OAK BLVD DELRAY BEACH, FL 33445	Name Street Address (P.O. Box Number is Not Acceptable) 474 Juno Dunes Way City Juno Beach FL Zip Code 33408

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 Timothy Greener 4/27/07
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		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 Dunes Way Juno Beach FL 33408	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Timothy Greener 4/27/07. 561-252-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #