


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90162 031 ****50.00

DOCUMENT # L05000023609	
1. Entity Name 821-822 NW 7TH AVE, LLC	

Principal Place of Business 5957 OAKLAND PARK BLVD. LAUDERHILL, FL 33313	Mailing Address 1730 S. FEDERAL HWY SUITE 283 377 DELRAY BEACH, FL 33483
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Delray Beach, FL 33484
60035254



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03292007 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 04-3810187	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
EFRON, SCOTT A 1730 S. FEDERAL HWY SUITE 283 DELRAY BEACH, FL 33483	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Anders Moeller and	
Street Address (P.O. Box Number is Not Acceptable) Mr. Mrs Scott A Efron	
6075 Via Crystalle	
City Delray Beach, FL 33484	Zip Code FL


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
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Filing Fee is \$50.00 Due by May 1, 2007	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	MGRM EFRON, SCOTT 6075 VIA CRYSTALLE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOELLER, ANDERS 6075 VIA CRYSTALLE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	4/3/2007 (954) 6779292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #