

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000026175

1. Entity Name
3167 OHIO STREET, LLC



Principal Place of Business
2 GROVE ISLE DR. #1508
COCONUT GROVE, FL 33133 US

Mailing Address
2 GROVE ISLE DR. #1508
COCONUT GROVE, FL 33133 US



03202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2658584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTZ, LAWRENCE
2 GROVE ISLE DRIVE
1508
COCONUT GROVE, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------------|
| TITLE | MGR |
| NAME | MINTZ, LAWRENCE |
| STREET ADDRESS | 2 GROVE ISLE DRIVE #1508 |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 |
| TITLE | MGR |
| NAME | CAMPBELL, MELISSA |
| STREET ADDRESS | 2 GROVE ISLE DRIVE #1508 |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 |
| TITLE | MGRM |
| NAME | FAMILY PROPERTIES PARTNERSHIP |
| STREET ADDRESS | 2 GROVE ISLE DRIVE #1508 |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000676423
03/30/07-80058-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Melissa Campbell

MELISSA CAMPBELL

3/20/07

305 519 8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #