2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000026185

1. Entity Name
685 SW 19 ROAD, LLC

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

DO NOT WRITE IN THIS SPACE

03202007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-2658656	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

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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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80058-015 50.00

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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: _Melissa Campbell_ MELISSA CAMPBELL   3/20/07   3055198886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #