

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026185

Entity Name: 685 SW 19 ROAD, LLC

FILED  
Apr 12, 2009  
Secretary of State

**Current Principal Place of Business:**

7638 SW 54 AVENUE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 347410  
CORAL GABLES, FL 33234

**New Mailing Address:**

FEI Number: 20-2658656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINTZ, LAWRENCE  
7638 SW 54 AVENUE  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MINTZ, LAWRENCE  
Address: 7638 SW 54 AVE  
City-St-Zip: MIAMI, FL 33143 US

Title: MGR ( ) Delete  
Name: CAMPBELL, MELISSA  
Address: 7638 SW 54 AVE  
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM ( ) Delete  
Name: FAMILY PROPERTIES PARTNERSHIP  
Address: P.O.BOX 347410  
City-St-Zip: CORAL GABLES, FL 33234 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAWRENCE MINTZ

PRES

04/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date