


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000026195 1. Entity Name 780 NE 83 STREET, LLC	
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Principal Place of Business 2 GROVE ISLE DR. #1508 COCONUT GROVE, FL 33133	Mailing Address 2 GROVE ISLE DR. #1508 COCONUT GROVE, FL 33133
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03202007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2659183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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	

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 03/30/07-80058-017 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 3055798828

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