## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000034774

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

ERICKSON, DENNIS

BOSTON, MA 02116

LOVINK, MICHELINE

1430 30TH STREET

WASHINGTON, DC 20007

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178 COMMONWEALTH AVENUE, #6

( ) Delete

Entity Name: 1140 NORTH MIAMI AVENUE LLC

FILED Jun 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1140 NORTH MIAMI AVENUE MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** 2430 INAGUA AVENUE MIAMI, FL 33133 FEI Number: 20-2642670 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACLEOD, CHRIS MACLEOD, CHRISTOPHER 2430 INAGÚA AVENUE 2430 INAGÚA AVENUE MIAMI, FL 33133 MIAMI, FL 33133 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. 06/05/2007 SIGNATURE: CHRISTOPHER MACLEOD Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: (X) Change ( ) Addition () Delete MACLEOD, CHRIS MACLEOD, CHRISTOPHER Name: Name: Address: 2430 INAGUA AVENUE Address: 2430 INAGUA AVENUE City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 Title: MGRM () Delete Title: () Change () Addition Name: ARORA, SUBODH Name: Address: **2816 O STREET** Address: WASHINGTON, DC 20007 City-St-Zip: 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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SIGNATURE: CHRISTOPHER MACLEOD MGRM 06/05/2007