## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L05000045682

1. Entity Name

N.W. 112TH STREET PROPERTIES, LLC



**FILED** Jan 16, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

10800 LAKESIDE DRIVE CORAL GABLES, FL 33156

10800 LAKESIDE DRIVE CORAL GABLES, FL 33156



 $\Box$ 

01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3850459

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANNAN, ROBERT C ESQ. 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE, FL 32301

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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  Filling Fee is \$50.00  Due by May 1, 2007		(NOTE: Registered Agent signature required when reinstating)	U00000586348 01/17/07-80009-024 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHENKMAN, JOEL 10800 LAKESIDE DRIVE CORAL GABLES, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			NOT WOITE

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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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

12-07

305-4777388 305-666-622