2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

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03042006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000046999

1. Entity Name
2173 NW 62 STREET LLC

Principal Place of Business	Mailing Address
2173 NW 62ND STREET MIAMI, FL 33147 US	2173 NW 62ND STREET MIAMI, FL 33147 US

2. Principal Place of Business		3. Mailing Address	
		18651 SOUTH WEST 39TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MIRAMAR, FL	
Zip	Country	Zip: 33029	Country: USA

4. FEI Number: 20-2852083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JUAN Y
2173 NW 62ND STREET
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name: DIAZ, JUAN Y
Street Address (P.O. Box Number is Not Acceptable): 18651 SOUTH WEST 39TH STREET
City: MIRAMAR FL Zip Code: 33029

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] PRES 4/21/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, JUAN Y 18651 SW 39TH STREET MIRAMAR, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] PRES 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #