

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047667

Entity Name: 7617 CARLYLE AVENUE LLC

FILED
Mar 06, 2007
Secretary of State

Current Principal Place of Business:

7617 CARLYLE AVE.
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

1323 NE 104 STREET
MIAMI SHORES, FL 33138

New Mailing Address:

PO BOX 398807
MIAMI BEACH, FL 33239

FEI Number: 20-2836345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, PAUL F MR.
1323 N.E. 104TH ST.
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

COLLINS, PAUL F MR.
822 LENOX AVE. #2
MIAMI BEACH, FL 33139 US

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: PAUL COLLINS

03/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLINS, PAUL
Address: 1323 NE 104 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM () Delete
Name: SIMMONS, PATRICK
Address: 1323 NE 104 STREET
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLLINS, PAUL
Address: 822 LENOX AVE. #2
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: SIMMONS, PATRICK
Address: 822 LENOX AVE. #2
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL COLLINS

MGR

03/06/2007

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