

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90024 036 \*\*\*138.75

**DOCUMENT # L05000062897**

1. Entity Name  
SOUTHWEST 87TH AVENUE LAND INVESTMENTS, LLC



Principal Place of Business  
P.O. BOX 526642  
MIAMI, FL 33152-6642

Mailing Address  
P.O. BOX 526642  
MIAMI, FL 33152-6642

**50005315**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**18001 Old Cutler Road  
Suite 370  
Palmetto Bay Florida 33157**

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Suite 370  
Palmetto Bay Florida 33157**

04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
04-3829639

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JUAN  
5800 NORTHWEST 74TH AVENUE  
MIAMI, FL 33166

Name

Street

City

Corporate Creations Networks, Inc.  
11380 Prosperity Farms Road #221E  
Palm Beach Gardens, FL 33410

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS BARCO INVESTMENTS, LLC  
CITY- ST- ZIP P.O. BOX 526642  
MIAMI, FL 331526642 ☐ Delete

TITLE  
NAME MGRM  
STREET ADDRESS BARCO INVESTMENTS, LLC  
CITY- ST- ZIP 18001 OLD CUTLER ROAD SUITE 370  
PALMETTO BAY FL 33157 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ 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

TITLE  
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CITY- ST- ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4-29-08