



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90204 046 \*\*\*\*50.00

<b>DOCUMENT # L05000063738</b> 1. Entity Name <b>NEW YORK'S FINEST, LLC</b>					
Principal Place of Business <b>2155 PALM BAY ROAD NE SUITE #1 PALM BAY, FL 32905</b>			Mailing Address <b>2155 PALM BAY ROAD NE SUITE #1 PALM BAY, FL 32905</b>		
2. Principal Place of Business - No P.O. Box # <b>2040 Palm Bay Rd NE</b> Suite, Apt. #, etc. <b>Suite #1</b>		3. Mailing Address <b>2040 Palm Bay Rd NE</b> Suite, Apt. #, etc. <b>Suite #1</b>			
City & State <b>Palm Bay FL</b>		City & State <b>Palm Bay FL</b>		02102007 Chg-LLC CR2E083 (12/06)	
Zip <b>32905</b>		Country <b>Florida</b>		4. FEI Number <b>14-1933023</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CHASE, NICHOLAS 503 ROYAL TERN DR BAREFOOT BAY, FL 32976</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHASE, NICHOLAS 1830 WOODLAND CIRCLE APT #307 VERO BEACH, FL 32967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, RICHARD 3915 MANGROVE PLACE GRANT, FL 32949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Richard Chase</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3.15.07 <small>Date Daytime Phone #</small>	