

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072650

FILED
Apr 24, 2007
Secretary of State

Entity Name: 1915 HARRISON STREET, LLC

Current Principal Place of Business:

1915 HARRISON STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1915 HARRISON STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-3192791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIEGH, MARCELO
1915 HARRISON STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAIEGH, MARCELO
Address: 1915 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM () Delete
Name: SAIEGH, GABRIEL
Address: 1915 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM (X) Delete
Name: BOGOMOLNI, GUSTAVO
Address: 1915 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BOGOMOLNI, GUSTAVO
Address: 1915 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARCELO SAIEGH

MGRM

04/24/2007

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