2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State
01-17-2007 90010 029 ****50.00

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1. Entity Name
14TH AVENUE REALTY, LLC

Principal Place of Business	Mailing Address
8220 S.W. 52ND AVENUE MIAMI, FL 33143	8220 S.W. 52ND AVENUE MIAMI, FL 33143

01072007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8220 SW 52 Ave · MIAMI		8220 SW 52 Ave · MIAMI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI Florida		City & State: MIAMI, Florida	
Zip: 33143	Country: USA	Zip: 33143	Country: USA

4. FEI Number: 59-3818637 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLSKY, RENEE V 8220 SW 52 AVE. MIAMI, FL 33143	Name: Irene V. Colsky Street Address (P.O. Box Number is Not Acceptable): 8220 SW 52 Avenue City: MIAMI FL Zip Code: 33143

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: Irene V. Colsky 1/8/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLSKY, IRENE V 8220 S.W. 52ND AVENUE MIAMI, FL 33143	☐ 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: Irene V. Colsky 1/8/07 305/665-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #