


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90178 049 ****50.00

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DOCUMENT # L05000088333			
1. Entity Name 1485 NE 1 AVENUE, LLC		Principal Place of Business 7951 SW 124 STREET MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address PO BOX 343489	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FLORIDA CITY FLORIDA	
Zip	Country	Zip 33034	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERRONES, DAVID 7951 SW 124 STREET MIAMI, FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERRONES, DAVID 7951 SW 124 STREET MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>DAVID BERRONES</u>		Date: <u>1-31-06</u>	Daytime Phone #: <u>305-245-3332</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			