


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90075 002 \*\*\*\*50.00

DOCUMENT # L05000101150

1. Entity Name  
 2783 NW 21 TERRACE, LLC



Principal Place of Business  
 1065 NE 125TH STREET  
 300  
 MIAMI, FL 33161

Mailing Address  
 1065 NE 125TH STREET  
 300  
 MIAMI, FL 33161

2. Principal Place of Business - No P.O. Box #  
 15251 NE 18 AVENUE  
 Suite, Apt. #, etc.  
 SUITE 11

3. Mailing Address  
 15251 NE 18 AVENUE  
 Suite, Apt. #, etc.  
 SUITE 11

City & State  
 NORTH MIAMI BEACH NORTH MIAMI BEACH

Zip Country Zip Country  
 33162 USA 33162 USA



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
~~APPLIED FOR~~

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

JONATHAN H. GREEN & ASSOCIATES, P.A.  
 799 BRICKELL PLAZA, SUITE 700  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITTAKER, HELEN <input type="checkbox"/> Delete 12000 N. BAYSHORE DRIVE. #108 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Delete WHITTAKER, LAURIE S 1065 NE 125TH ST. #300 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HELEN WHITTAKER REVOCABLE LIVING TRUST 15251 NE 18 AVE, #11 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Heleen Whittaker Date: 4/23/07 (305) 947-5813  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE