


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109838 1. Entity Name 1219 EUCLID AVENUE, LLC	
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Principal Place of Business 750 OCEAN DRIVE MIAMI BEACH, FL 33139-6220	Mailing Address 750 OCEAN DRIVE MIAMI BEACH, FL 33139-6220
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3951048	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUHLRAD, DAVID
750 OCEAN DRIVE
MIAMI BEACH, FL 33139-6220

**DO NOT WRITE
IN THIS SPACE**

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**

1100000616886
02/07/07-80049-010 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUHLRAD, DAVID 750 OCEAN DR MIAMI BEACH, FL 33139
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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: *David Muhlrads* David Muhlrads 1/29/07 305-532-6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #