2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000109858

1. Entity Name
1329 EUCLID AVENUE, LLC

Principal Place of Business	Mailing Address
750 OCEAN DRIVE MIAMI BEACH, FL 33139-6220	750 OCEAN DRIVE MIAMI BEACH, FL 33139-6220

DO NOT WRITE IN THIS SPACE

01242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number
20-3951015   Applied For / Not Applicable

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

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6. Name and Address of Current Registered Agent

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

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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 _____
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

U000000616889
02/07/07-80049-013 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MUHLRAD, DAVID
STREET ADDRESS	750 OCEAN DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 331396220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 MUHLRAD   1/29/07   305-532-6811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #