
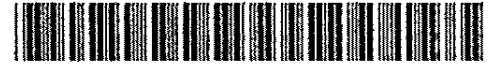


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

| | |
|---|---|
| DOCUMENT # L05000110336 |  |
| 1. Entity Name 1321 EUCLID AVENUE, LLC | |

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



01242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 20-3951164 | Applied For <input type="checkbox"/> 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**

000000616884
02/07/07-80048-008 55.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MUHLRAD, DAVID 750 OCEAN DRIVE MIAMI BEACH, FL 331396220 |
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**DO NOT WRITE
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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 #