2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State
03-22-2006 90288 020 ****50.00

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DOCUMENT # L05000119691

1. Entity Name

7 ON SEVENTH, LLC

Principal Place of Business	Mailing Address
888 SOUTH ANDREWS AVENUE SUITE 300 FORT LAUDERDALE FL 33316	888 SOUTH ANDREWS AVENUE SUITE 300 FORT LAUDERDALE FL 33316

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
621 NE 7th Avenue	621 NE 7th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33483 Country: USA	Zip: 33483 Country: U.SA.

4. FEI Number 20-3951080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KERN, KEITH D
50 SE FOURTH AVENUE
DELRAY BEACH FL 33483

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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALKANGER, CHARLES C 888 SOUTH ANDREWS AVENUE, SUITE 300 FORT LAUDERDALE FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Falkanger Properties, Inc. 621 NE 7th Avenue Delray Beach, FL 33483	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALKANGER, JEFFREY 888 SOUTH ANDREWS AVENUE, SUITE 300 FORT LAUDERDALE FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: -Charles C. Falkanger - 03/08/06 561-702-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #