

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122719

Entity Name: 7001 WAY, LLC

FILED
Jul 17, 2008
Secretary of State

Current Principal Place of Business:

14011 RICHWOOD PLACE
DAVIE, FL 33325 US

New Principal Place of Business:

19260 SW 62 STREET
PEMBROKE PINES, FL 33332 US

Current Mailing Address:

19260 SW 62 STREET
PEMBROKE PINES, FL 33332 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BERMUDEZ, PETER
14011 RICHWOOD PLACE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

SAFDIE, JULIE
19260 SW 62 STREET
PEMBROKE PINES, FL 33332 US

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.

SIGNATURE: JULIE SAFDIE

07/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAFDIE, SAMANTHA
Address: 19260 SW 62 STREET
City-St-Zip: PEMBROKE PINES, FL 33332 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAFDIE, JULIE
Address: 19260 SW 62 STREET
City-St-Zip: PEMBROKE PINES, FL 33332 US

Title: MGR () Change (X) Addition
Name: SAFDIE, ELLIOT
Address: 19260 SW 62 STREET
City-St-Zip: PEMBROKE PINES, FL 33332 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE SAFDIE

MGRM

07/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date