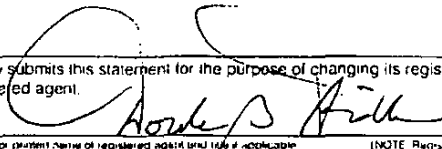
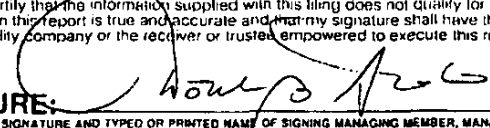


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/21/2007-90048-028-\$50.00-\$50.00

SECRET
DIVISION

07 OCT 25 PM 4:08

DOCUMENT # L06000001137			
1. Entity Name 800/810SE18ST LLC			
Principal Place of Business 800-810 SE 18TH STREET FORT LAUDERDALE FL 33316 US		Mailing Address 309 NE 16TH TERRACE FORT LAUDERDALE FL 33301 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 11-3768809		Applied For ☐ \$5.00 Additional Fee Required ☐ Not Applicable	
5. Certificate of Status Desired ☐		2nd MOORE CR2E083 (4/07)	
6. Name and Address of Current Registered Agent SIOTKAS, DOUKAS B 309 NE 16TH TERRACE FORT LAUDERDALE FL 33301		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 8/17/07	
Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when renewing)		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIOTKAS, DOUKAS B 309 NE 16TH TERRACE FORT LAUDERDALE FL 33301 ☐ 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
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 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 606, Florida Statutes.			
SIGNATURE: 		DATE 8/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	