

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90063 048 \*\*\*\*55.00

DOCUMENT # L06000006489

1. Entity Name  
NW 19/20 STREET, LLC



Principal Place of Business  
18001 OLD CUTLER ROAD, SUITE 600  
MIAMI, FL 33157

Mailing Address  
18001 OLD CUTLER ROAD, SUITE 600  
MIAMI, FL 33157

00011061

2. Principal Place of Business - No P.O. Box #  
9860 SW. 140 ST.

3. Mailing Address  
9860 SW. 140 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

4. FEI Number  
20-4142629

Applied For  
Not Applicable

Zip  
33176

Country  
USA

Zip  
33176

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GARVETT, FREDRIC M  
C/O SILVER, GARVETT & HENKEL, P.A.  
18001 OLD CUTLER ROAD, SUITE 600  
MIAMI, FL 33157

## 7. Name and Address of New Registered Agent

Name  
KRAMER + RASSNER, P.A.

Street Address (P.O. Box Number is Not Acceptable)

7700 N. KENSAUL DR. #510

City  
MIAMI

FL

Zip Code  
33156

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 *Wayne Rasser*  
Signature, typed or printed name of registered agent and title if applicable.

WAYNE RASSNER

4-27-07

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MFS OF SOUTH FLORIDA LLC  
18001 OLD CUTLER ROAD, SUITE 600  
MIAMI, FL 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MFS OF SOUTH FLORIDA, LLC  
9860 SW. 140 ST.  
MIAMI, FL. 33176 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: *David B. Grayson, MGR.*

4/27/07

305-323-0751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #