## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L06000011020

1. Entity Name

63 NW 117 STREET PROPERTY, LLC



**FILED** May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

**5055 COLLINS AVENUE** 

MIAMI BEACH, FL 33140

Mailing Address

**5055 COLLINS AVENUE** 

1F

MIAMI BEACH, FL 33140



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4216237

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

CRAIG M. DORNE, PA **407 LINCOLN ROAD** PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139

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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.

Signeture, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

TITLE MGRM  NAME OPHIR, CARMEL  STREET ADDRESS 5055 COLLINS AVE. SUITE 1F
CITY-ST-ZP MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP
TITLE  NAME  STREET ADDRESS  CITY-ST-7IP
DITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-SI-ZIP

U00000943769 05/29/08-80071-024 138,75

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I hereby certify that the information supplied with this filling 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: