2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMEN # L06000025687			- <u> </u>	.ED	
1. Entity Name 500 ENTERPRISES RETAILS, LLC				07 MAY 17	AH 7: 44
					·
Principal Place of Business Mailing Address				* "11", 21 * 4 * 21"	or STATE LE, FLORIDA
1200 BRICKELL AVENUE, SUITE 860 1200 BRICKELL AVENUE		UE, SUITE	860	All a straight	EE, ELORIDA
MIAMI, FL 33131	MIAMI, FL 33131				
2. Principal Place of Business - No P.O. Box #	3. Mailing Address				
2. Through Place of business * No 1.0. dox #				!	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262007 Chg-LLC	CR2E083 (12/06)	
City & State	City & State	City & State		4. FEI Number	Applied For
Zip Country	Zip Country		try		Not Applicable
				5. Certificate of Status Desired	55.00 Additional Fee Required
6. Name and Address of Current	Registered Agent		Name ()_ /	7. Name and Address of New I	Registered Agent
LOPEZ, PETER M			Peter M. Lopez		
1200 BRICKELL AVENUE, SUITE 860 MIAMI, FL 33131			Street Address (P.O. Box Number is Not Acceptable)		
	City f		city Pem	ibroke Pines	FL Zip Code 28
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its	s registere	ed office or register	ed agent, or both, in the State of FI	orida. I am familiar with, and accept
SIGNATURE				4/27/6	o 7
Sgnature typed or plinted lapse of registered agent	and title if applicable. (NOT	TE: Registered	Agent signature required	when reinstaling)	DATE
Filing Fee 1s \$50.00				Mai	te check payable to
Filing-Teo-(s/\$50.00/ Oue by May 1, 2007				Florid	a Department of State
9. MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES
TITLE MGR	☐ Delete	TITLE	J		☐ Change ☐ Addition
NAME GIUSI, EMILIA STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 860		NAME STREE	ET ADDRESS	10/1	
CITY-ST-ZIP MIAMI, FL 33131		CITY-	-ST-ZIP	15/25	
TITLE MGR NAME D'AGOSTINI, AMERICO	☐ Delete	TITLE	I -	ን መጠጠተጠΏ	Change Addition
,	S 1200 BRICKELL AVENUE, SUITE 860 STR			05/31/07—0100	77018 ***300.00
CITY-ST-ZIP MIAMI, FL 33131		-	-ST-ZIP		Chance Addition
TITLE NAME	☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS			ET ADDRESS		
CITY-ST-2IP TITLE	Delete	TITLE	ST-ZIP		Change Addition
NAME	_ built	NAME	<u> </u>		
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS ST-ZIP		
TITLE	☐ Delete	TITLE		·	☐ Change ☐ Addition
NAME		NAME	,		
STREET ADDRESS CITY-ST-ZIP			ST-ZIP		
TITLE	☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREE	ET ADDRESS		
CITY-ST-ZIP		CITY-	ST - ZIP		
	this filing does not qualify fo	r the exen	nptions contained i	n Chapter 119, Florida Statutes, I f	urther certify that the information
I hereby certify that the information supplied with indicated on this report is true and accurate and	that my cionature chall have	tne same	i legal errect as it m	ade under oath: that I am a mana	ging member or manager or me
I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the receiver or trusted.	that my cionature chall have	report as	required by Chapt	ade under oath: that I am a mana	ging member of manager of the
indicated on this report is true and accurate and limited liability company or the receiver or trusted	that my cionature chall have	report as	required by Chapt	ade under oath: that I am a mana	nig member of manager of the
indicated on this report is true and accurate and limited liability company or the receiver or trusted SIGNATURE:	that my cionature chall have	report as	MGR	ade under oath; that I am a mana er 608, Florida Statutes.	Osytime Phone #