

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033687

FILED
Mar 26, 2007
Secretary of State

Entity Name: 2016 MID CENTURY HOUSE, LLC

Current Principal Place of Business:

2600 NE 34TH STREET
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

2408 NE 26TH TERRACE
FT. LAUDERDALE, FL 33305

Current Mailing Address:

PO BOX 480223
FT. LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 20-4646810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, WALTER D
2600 NE 34TH STREET
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

CUNNINGHAM, WALTER D
2408 NE 26TH TERRACE
FT. LAUDERDALE, FL 33305 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: WALTER D CUNNINGHAM

03/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUNNINGHAM, WALTER D
Address: 2600 NE 34TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGRM () Delete
Name: RAMOS, CLIFFORD
Address: 833 NE 18TH COURT #2
City-St-Zip: FT. LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUNNINGHAM, WALTER D
Address: 2408 NE 26TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER D CUNNINGHAM

MGRM

03/26/2007

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