

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034415

Entity Name: 3790 NE 25TH AVENUE LLC

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

C/O STEVEN A. SCIARRETTA, ESQ.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Principal Place of Business:

3790 NE 25TH AVENUE
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

C/O STEVEN A. SCIARRETTA, ESQ.
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Mailing Address:

3790 NE 25TH AVENUE
LIGHTHOUSE POINT, FL 33064

FEI Number: 20-4623446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN PA
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

CASTANON, RUBEN G
3790 NE 25TH AVENUE
LIGHTHOUSE POINT, FL 33064 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: RUBEN CASTANON

01/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCIARETTA, STEVEN A ESQ.
Address: 2799 NW BOCA RATON BLVD., SUITE 203
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASTANON, RUBEN G
Address: 3790 NE 25TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: RUBEN CASTANON

MGR

01/23/2007

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