# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/3

**FILED**
**May 19, 2008 8:00 am**
**Secretary of State**
01-31-2008 90070 022 ***138.75

DOCUMENT # L06000056582

1. Entity Name
357 NE 167 STREET, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 5111 PINE TREE DRIVE<br>MIAMI BEACH, FL 33140 | 5111 PINE TREE DRIVE<br>MIAMI BEACH, FL 33140 |

300066[illegible]

01242008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-5255545
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K ESQ.
1395 BRICKELL AVE. 14TH FLOOR
MIAMI, FL 33131

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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 _____ DATE
Signature, 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**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | AL FASSI, TAREK |
| STREET ADDRESS | 5111 PINE TREE DRIVE |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #