

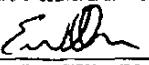
FILED
Sep 10, 2007 8:00 am
Secretary of State

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07-09-2007 90115 045 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000074849			
1. Entity Name 2761 N.E. 55TH STREET, LLC			
Principal Place of Business 900 N. FEDERAL HWY. #210 BOCA RATON, FL 33432		Mailing Address 900 N. FEDERAL HWY. #210 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMON, CHARLES 900 N. FEDERAL HWY. #210 BOCA RATON, FL 33432		Name CAPITAL ONE GROUP, LLC Street Address (P.O. Box Number is Not Acceptable) 900 N. FEDERAL HWY #210 City BOCA RATON FL Zip Code 33432	
A. 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  ERIC WILLNER		DATE 7/6/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
B. DELETE		10. ADDITIONS/CHANGES	
TITLE NAME MGR-M-ERIC WILLNER ☐ Delete STREET ADDRESS 900 N. FEDERAL HWY. #210 CITY-ST-ZIP BOCA RATON, FL 33432		TITLE NAME ☐ Change ☐ Addition	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
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 806, Florida Statutes.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Exempted From	

30012715



07052007 Chg-LLC CR2E083 (12/08)