


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90332 047 ***138.75

DOCUMENT # L06000075030 1. Entity Name 5150 WEST 12TH AVENUE, LLC					
Principal Place of Business 6710 SW 120TH STREET PINCREST, FL 33156			Mailing Address PO BOX 402566 MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box # 3233 Palm Ave 4th Fl		3. Mailing Address P.O. Box 402566			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI Hialeah		City & State MIAMI Beach FL		4. FEI Number 20-5288589	
Zip 33012		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CEL REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE #700 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, JOSE M 3233 PALM AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GARCIA, CARLOS 3233 PALM AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUZ, LUIS DR. 3233 PALM AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUZ, LUIS DR. 3233 PALM AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUZ, LUIS DR. 3233 PALM AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUZ, LUIS DR. 3233 PALM AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUZ, LUIS DR. 3233 PALM AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					