2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

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DOCUMENT # L06000097108 1. Entity Name 1332 NW 172 TERRACE, LLC							04-23-2007	90363 00	8 ****50).00
Principal Place of Business			Mailing Address		40075194					
8040 NW 155 STREET			8040 NW 155 STREET		400	1020				
MIAMI LAKES, FL 33016			MIAMI LAKES, FL 33016		1.					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03282007	Chg-LLC	CR2E08	3 (12/06)		
City & State		s	City & State			4. FEI Number	569719	Ų		plied For t Applicable
Zip		Country	Zíp	Countr	ry	1	of Status Desired	п \$	5.00 Add ee Required	
	6. Name and	Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	gent	
					Name					
LAZO, FEL				-	Oh	(D.O. D. M				
8040 NW 155 STREET MIAMI LAKES, FL 33016					Street Address	(P.O. Box Numbe	r is Not Acceptable			
.,					City				Zip Code	
								FL		
	named entity su tions of registered		the purpose of changing its	registere	d office or registe	ered agent, or bot	h, in the State of Flo	orida. 1 am fa	ımiliar with,	and accept
SIGNATURE .										
	Signature, typed or pri	inted name of registered agent an	nd title if applicable. (NOTE	E: Registered	Agent signature require	d when reinstating)		DATÉ		
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
								-	-	•
Dı		, 2007	S/MANAGERS	10.			Florida	a Departme	-	•
9.						<u>.</u>		Departme	nt of State	
Dı	ue by May 1.	, 2007 MANAGING MEMBER	IS/MANAGERS	10. TITLE NAME			Florida	Departme	-	Addition
9. TITLE	MGRM	MANAGING MEMBER		TITLE	T ADDRESS	<u>.</u>	Florida	Departme	nt of State	
9. TITLE NAME	MGRM LAZO, FELIX	, 2007 MANAGING MEMBER P STREET		TITLE NAME STREE			Florida	Departme	nt of State	
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM LAZO, FELIX 8040 NW 155	, 2007 MANAGING MEMBER P STREET	☐ Delete	TITLE NAME STREE	T ADDRESS		Florida	Departme	Change	
9. TITLE NAME STREET ADDRESS	MGRM LAZO, FELIX 8040 NW 155	, 2007 MANAGING MEMBER P STREET		TITLE NAME STREE CITY-	T ADDRESS ST-ZIP		Florida	Departme	nt of State	Addilion
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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 EXPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/07

779-1099

Daytime Phone #