


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90181 015 ****50.00

DOCUMENT # L06000097585		
1. Entity Name NW 16TH AVE, LLC		

Principal Place of Business 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 US	Mailing Address 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 US
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2. Principal Place of Business - No P.O. Box # 5351 Godfrey Road	3. Mailing Address 5351 Godfrey Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Parkland, Florida	City & State Parkland, Florida
Zip 33067	Zip 33067
Country US	Country US

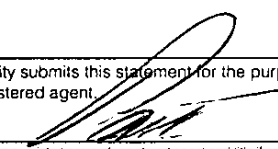
01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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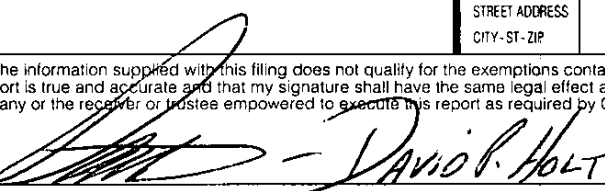
6. Name and Address of Current Registered Agent LAZAR, JASON M 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name David Holt Street Address (P.O. Box Number is Not Acceptable) 5351 Godfrey Road City Parkland FL Zip Code 33067	
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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 2/13/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATMASIAN, JAMES H 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Holt 5351 Godfrey Road Parkland Florida 33067 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	DATE 2/13/07 (561) 573-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	