2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000102970 1. Entity Name 12720 NW 17 AVE,LLC					04-23-2007 90363 005 ****50.00			
Principal Plac	e of Business	Mailing Address	']			
8040 NW 155 STREET MIAMI LAKES, FL 33016		8040 NW 155 STREET Miami Lakes, FL 33016		6 (BB (181) B (1)	MATIN SISII COSII OO III MATI	WY 11811 48(18 11818 1811) 488(1	ENIES(411 (28)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152007	Chg-LLC	CR2E083 (12/06	3)	
City & State		City & State		4. FEL Numbe	489003	3/	Applied For Not Applicable	
Zip	Zip Country Zip		Country			of Status Desired	□ \$5.00 A Fee Requi	
·	6. Name and Address of Current F	pgistered Agent Name		7. Name and	Address of New R	egistered Agent	<u></u> .	
		Street Address ((P.O. Box Number is Not Acceptable)				
WILVINI CA						·		
		City				FL Zip Co		
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or botl	n, in the State of Flo	orida. I am familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered	1 Agent signature required	when rainstating)		DATE	
	iling Fee is \$50.00 ue by May 1, 2007						e check payable to a Department of St	
9.	MANAGING MEMBE		10.				Department of St	ate
9. TITLE	we by May 1, 2007 MANAGING MEMBEI MGRM	RS/MANAGERS	TITLE			Florida	Department of St	ate
9.	MANAGING MEMBE		TITLE NAME STREE			Florida	Department of St	ate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM LAZO, FELIX P 8040 NW 155 STREET		TITLE NAME STREE	ET ADORESS - ST- ZIP		Florida	Department of St	e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM LAZO, FELIX P 8040 NW 155 STREET	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS ST. ZIP		Florida	a Department of St.	e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM LAZO, FELIX P 8040 NW 155 STREET	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP		Florida	a Department of St.	e Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM LAZO, FELIX P 8040 NW 155 STREET	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADORESS -ST-ZIP ET ADDRESS -ST-ZIP -ST-ZIP		Florida	a Department of St.	e Addition Addition
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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:

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/07

779-1079