2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 06000102469

FILED. n

May 01, 2007 8:00 an
 Secretary of State
05-01-2007 90337 026 ****50.00

DOCUMEN [# L06000103468 1. Entity Name 945 NE 18 AVENUE, LLC						05-01-2007 90337 026 ****50.00			
Principal Place of Business 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134			60047601			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232007	Chg-LLC	CR2E083 (12/06)	1	
City & State		City & State			カFEI Numb	~147910	l —	pplied For ot Applicable	
Zip Country		Zip	Country		5. Certificat	e of Status Desired	S5.00 Ad	ditional	
	6. Name and Address of Curren	t Registered Agent	agistered Agent			7. Name and Address of New Registered Agent			
				Name					
901 PONC	DZ, WILLIAM H DE LEON BLVD., SUITE 6 ABLES, FL. 33134	03			Street Address (P.O. Box Number is Not Acceptable)				
				City		· · · · · · · · · · · · · · · · · · ·	Zip Coo		
				City FL Zip Code					
	named entity submits this statement in a registered agent.	for the purpose of changing its	s registere	ed office or regis	stered agent, or be	oth, in the State of Flor	rida. I am familiar with,	, and accept	
•									
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	d Agent signature req	ured when reinstating)	 ,	DATE		
Filing Fee is \$50.00 Due by May 1, 2007							e check payable to Department of Stat	te	
9.	MANAGING MEME	BERS/MANAGERS	S/MANAGERS 10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	ŦITLI	E	1.00		☐ Change	Addition	
NAME	ALBORNOZ, WILLIAM H			IE .					
STREET ADDRESS	901 PONCE DE LEON BLVD.,	SUITE 603		ET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL 33134			-ST-ZIP					
NAME		☐ Delete	TITLE	1			☐ Change	Addition	
STREET ADDRESS				ET ADDRESS				i	
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	E	<u> </u>		☐ Change	Addition	
NAME	NA NA			_					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
TITLE			TITLE				Change	☐ Addition	
NAME		☐ Delete	NAM				change	Addition	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Change	■ Addition	
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			ET ADDRES\$ -ST-ZiP						
TITLE		□ Delete	TITLE				☐ Chaпge	Addition	
NAME			NAM	- 1			change		
STREET ADDRESS			STRE	EET ADDRESS				1	
CITY-ST-ZIP			CITY	-ST-ZIP	****				
 I hereby of indicated 	certify that the information supplied will I on this report is true and accurate an	th this filing does not qualify for d that my signature shall have	or the exe the same	mptions contain e legal effect as	ed in Chapter 119 if made under oat	, Florida Statutes. I fu h; that I am a manag	rther certify that the infi ing member or manag	ormation er of the	

SIGNATURE: C. H. C. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE