2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2008 08:00 AM Secretary of State

DOCUMENT # L06000110730	DOCU	MENT	# L(ე6000	110730
-------------------------	-------------	------	------	-------	--------

1. Entity Name 6500 NW 15TH AVENUE LLC



Principal Place of Business

1600 SE 17TH STREET CAUSEWAY

SUITE 200 FT. LAUDERDALE, FL 33316 Mailing Address

1600 SE 17TH STREET CAUSEWAY

SUITE 200

FT. LAUDERDALE, FL 33316



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5963437

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301

PORATE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

		·	•
	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.		007	017
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	SHUSTER, MARC S		
STREET ADDRESS	350 E. LAS OLAS BLVD,, SUITE 1000	· ·	•
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
TITLE			
NAME			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not addify 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 prefused empowered to execute this poort as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytme Phone #