



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111458 1. Entity Name ART DECO SUPERMARKET (1435 WASHINGTON AVENUE 2007) LLC					
Principal Place of Business 1435 WASHINGTON AVENUE MIAMI BEACH, FL 33139		Mailing Address 1435 WASHINGTON AVENUE MIAMI BEACH, FL 33139			
2. Principal Place of Business - No P.O. Box # 1435 Washington Ave.		3. Mailing Address 1435 Washington Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami Beach, FL		City & State 		4. FEI Number 20-5937460	
Zip 33139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FL MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Corp. Direct Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Avenue City Tallahassee FL Zip Code 32301	
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 the registered agent.					
SIGNATURE Ricky Soto <small>Signature, typed or printed name of registered agent and title if applicable</small>		Ricky Soto Assistant Secretary <small>DATE: 09/14/07</small> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE President NAME Ricky Soto STREET ADDRESS 1435 Washington Ave CITY-ST-ZIP Miami Beach, FL 33139			<input type="checkbox"/> Change <input type="checkbox"/> Addition 500109769055 09/21/07--01047--026 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED
 07 SEP 14 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09132007 Chg-LLC CR2E083 (12/06)