2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 APR 30 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000111458

1. Entity Name
ART DECO SUPERMARKET (1435 WASHINGTON AVENUE 2007) LLC

Principal Place of Business	Mailing Address
1435 WASHINGTON AVENUE MIAMI BEACH, FL 33139	1435 WASHINGTON AVENUE MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box # : 1435 Washington Ave
Suite, Apt. #, etc.:
City & State: Miami Beach FL.
Zip: 33139 Country: USA.

3. Mailing Address: SAME"
Suite, Apt. #, etc.:
City & State:
Zip: Country:

04242008 Chg-LLC CR2E083 (12/05)

4. FEI Number: 20-5937460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEARY, PETER J 1435 WASHINGTON AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500129218265 05/13/08--01028--003 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: President 4/25/08 305-532-7395

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #