

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90128 014 \*\*\*138.75

60021287



02072008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000055651</b>					
1. Entity Name 415 NW 26TH ST, LLC					
Principal Place of Business 5901 MOSS RANCH ROAD MIAMI, FL 33156			Mailing Address 5901 MOSS RANCH ROAD MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Filing Number 20-0293116	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HASNER, MARK M ESQ THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI, FL 33131				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: _____ (NOTE: Registered Agent signature required when reinstating)					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u>Irving Lerner</u> IRVING LERNER 2/19/06 3057932020					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					