

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088340

Entity Name: 50 AVENUE L.L.C.

FILED
Feb 22, 2009
Secretary of State

Current Principal Place of Business:

2455 E.SUNRISE BLVD
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

2455 E.SUNRISE BLVD
SUITE 1102
FORT LAUDERDALE, FL 33304

Current Mailing Address:

5755 N.E. 15TH STREET
SUITE 1102
FORT LAUDERDALE, FL 33304

New Mailing Address:

5755 N.E. 15TH STREET
FORT LAUDERDALE, FL 33334

FEI Number: 26-0803623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDERIC BARTHE, P.A.
2455 E. SUNRISE BLVD
SUITE 602
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEVOVE, VALERIE
Address: 5455 N.E. 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: DEVOVE, THIERRY
Address: 5455 N.E. 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEVOVE, VALERIE
Address: 5755 N.E. 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM (X) Change () Addition
Name: DEVOVE, THIERRY
Address: 5755 N.E. 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VALERIE DEVOVE

MGMR

02/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date