


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000430**

1. Entity Name  
 4055, L.C.



Principal Place of Business 4055 N.W. 97TH AVENUE MIAMI, FL 33178	Mailing Address 4055 N.W. 97TH AVENUE MIAMI, FL 33178
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**DO NOT WRITE IN THIS SPACE**



07182007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0659623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORRADINO, JOSEPH M  
 4055 N.W. 97TH AVENUE  
 MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

00000770506  
 07/25/07-80006-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CORRADINO, JOSEPH M 10225 SW 58TH COURT PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CORRADINO, JOSEPH C 200 S. 5TH ST. SUITE 300 N LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORRADINO, NICOLE A 10031 SW 60TH AVE MIAMI BEACH, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CORRADINO, GUY A 1020 MERIDIAN AVE #506 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DEUTSCH, BURT 9211 SEATON SPRINGS PKWY LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CORRADINO, DANIELLE M 11356 NW 18 MANOR CORAL SPRINGS, FL 33017

**DO NOT WRITE IN THIS SPACE**

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:  2/23/2007 305-574-0785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #