


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90032 013 ****50.00

DOCUMENT # L96000001098					
1. Entity Name 668 NW 62ND ST, L.C.					
Principal Place of Business 419 W. 49TH ST. #106 HIALEAH, FL 33012-3602			Mailing Address 419 W. 49TH ST. #106 HIALEAH, FL 33012-3602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04132006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 65-0704461	
				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			7. Name and Address of New Registered Agent		
7800 NE 2ND AVE, L.C. 419 W. 49TH ST. #106 HIALEAH, FL 33012-3602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, RONALD P		NAME		
STREET ADDRESS	1801 CENTURY PARK E., #2400		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 900672326		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, JAMES Q		NAME		
STREET ADDRESS	1801 CENTURY PARK E., #2400		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 900672326		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, RICHARD J		NAME		
STREET ADDRESS	1801 CENTURY PARK E., #2400		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 900672326		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Command Manager</i>			Date: <i>5/03/06</i> Daytime Phone #: <i>305-5544627</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					