

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96000001099</b> 1. Entity Name 7155 NW 2ND CT, L.C.	
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Principal Place of Business 419 W 49TH STREET, #106 HIALEAH, FL 33012-3602	Mailing Address 419 W 49TH STREET, #106 HIALEAH, FL 33012-3602
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02162005 No Chg-LLC      CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  7800 NE 2ND AVE, L.C. 419 W 49TH STREET, #106 HIALEAH, FL 33012-3602
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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 reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	FISHER, RONALD P
STREET ADDRESS	1801 CENTURY PARK EAST #2400
CITY-ST-ZIP	LOS ANGELES, CA 900672326
TITLE	MGR
NAME	FISHER, JAMES Q
STREET ADDRESS	1801 CENTURY PARK EAST #2400
CITY-ST-ZIP	LOS ANGELES, CA 900672326
TITLE	MGR
NAME	FISHER, RICHARD J
STREET ADDRESS	1801 CENTURY PARK EAST #2400
CITY-ST-ZIP	LOS ANGELES, CA 900672326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/05-80047-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____	Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone # _____