

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000001099  
 1. Entity Name  
 7155 NW 2ND CT, L.C.



Principal Place of Business      Mailing Address  
 419 W 49TH STREET, #105      419 W 49TH STREET, #105  
 HIALEAH, FL 33012-3602      HIALEAH, FL 33012-3602



04162008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0704598      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 REAL PROPERTY CARE, INC.  
 419 W 49TH STREET, #105  
 HIALEAH, FL 33012-3602

**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 reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FISHER, RONALD P
STREET ADDRESS	419 W 49TH STREET, #105
CITY-ST-ZIP	HIALEAH, FL 330123602
TITLE	MGR
NAME	FISHER, JAMES Q
STREET ADDRESS	419 W 49TH STREET, #105
CITY-ST-ZIP	HIALEAH, FL 330123602
TITLE	MGR
NAME	FISHER, RICHARD J
STREET ADDRESS	419 W 49TH STREET, #105
CITY-ST-ZIP	HIALEAH, FL 330123602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000329908  
 05/21/08-80090-004 138.75

**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: *James Q. Fisher* JAMES Q. FISHER      4/24/08      Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #