

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000001099

Entity Name: 7155 NW 2ND CT, L.C.

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

419 W 49TH STREET, #105  
HIALEAH, FL 330123602

**New Principal Place of Business:**

**Current Mailing Address:**

419 W 49TH STREET, #105  
HIALEAH, FL 330123602

**New Mailing Address:**

FEI Number: 65-0704598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REAL PROPERTY CARE, INC.  
419 W 49TH STREET, #105  
HIALEAH, FL 330123602 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: MGR  
Name: FISHER, RONALD P  
Address: 419 W 49TH STREET, #105  
City-St-Zip: HIALEAH, FL 330123602

Title: MGR  
Name: FISHER, JAMES Q  
Address: 419 W 49TH STREET, #105  
City-St-Zip: HIALEAH, FL 330123602

Title: MGR  
Name: FISHER, RICHARD J  
Address: 419 W 49TH STREET, #105  
City-St-Zip: HIALEAH, FL 330123602

I hereby 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: JAMES Q. FISHER

MGR

04/29/2010

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