


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90032 018 ****50.00

DOCUMENT # L96000001100

1. Entity Name
 6145 NW 7TH AVE, L.C.



Principal Place of Business
 419 WEST 49TH STREET, #106
 HIALEAH, FL 33012-3602

Mailing Address
 419 WEST 49TH STREET, #106
 HIALEAH, FL 33012-3602

30007453



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04132006 Chg-LLC CR2E083 (11/05)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 65-0704580

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7800 NE 2ND AVE, L.C.
 419 WEST 49TH STREET, #106
 HIALEAH, FL 33012-3602

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

**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 EAST #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 EAST #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 EAST #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			
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: *Ronald P. Fisher* Date: 05/03/07 Daytime Phone #: 305 556 6627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE