

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L96000001106

1. Entity Name
1744 NW 36TH ST, 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



02162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0704546

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

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04/01/05-80047-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #