

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L96000001109

1. Entity Name  
1536 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



02162005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0704518

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000284040  
04/01/05-80047-025 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)(i), 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 #