

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90029 042 ****50.00

DOCUMENT # L97000000046 1. Entity Name 12955 NW 7TH AVENUE, 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		
2. Principal Place of Business - No P.O. Box # 419 WEST 49TH ST.		3. Mailing Address 419 WEST 49TH ST.			
Suite, Apt. #, etc. #105		Suite, Apt. #, etc. #105			
City & State HIALEAH, FL.		City & State HIALEAH, FL.			
Zip 33012		Country U.S.A.			
4. FEI Number 65-0722985		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
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 12955 NW 7TH Ave. L.C. Street Address (P.O. Box Number is Not Acceptable) 419 W 49TH ST #105 City HIALEAH FL Zip Code 33012			
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 <u>[Signature]</u> 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RONALD P 1801 CENTURY PK EAST #2400 LOS ANGELES, CA 900672326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RONALD P 419 W 49TH ST. #105 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, JAMES Q 1801 CENTURY PK EAST #2400 LOS ANGELES, CA 900672326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, JAMES Q 419 W 49TH ST. #105 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RICHARD J 1801 CENTURY PK EAST #2400 LOS ANGELES, CA 900672326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RICHARD J 419 W 49TH ST. #105 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #