2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM Secretary of State

ANNUAL REPURI				Feb 01, 2007 08:00	
DOCUMENT # M0500000125				Secretary of Stat	
1. Entity Name 7020 NW 72ND AVE., LLC					
7020 144	V 7214D AVE., EEG			<u>;</u>	
1	ce of Business	Mailing Address			
C/O 8252 E. LANSING RD. C/O 8252 E. LANSING RD. DURAND, MI 48429 DURAND, MI 48429		C/O 8252 E. LANSING RD. Durand, MI 48429		,	
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		,	· es*	\$ 1 10 10 10 10 10 10 10	
				01042007 No Chg-LLC CR2E083 (11/05)	
DO NOT WRITE IN THIS SI		= IN THIS SPA	ACE	4. FEI Number Applied For	
		•	\$	20-2386405 Not Applicable	
			0.00	5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				DO NOT WRITE	
				DO NOT WRITE	
PLANTATION, FL 33324				IN THIS SPACE	
			4 × 5%	6'	
8. The above	a named entity submits this statement	or the purpose of changing its register	red office or register	red agent, or both, in the State of Florida I am familiar with, and accept	
	tions of registered agent.	or the purpose of an anguing his regions.	one of regions.	1	
SIGNATURE					
*,	Signature, typed or printed name of registered ager	at and little if applicable (NOTE: Registers	ed Agent signature required	Juhan reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007			00000615639		
Due by may 1, 2007			02/06/07-80080-001 50.00		
9.	MANAGING MEMB	ERS/MANAGERS	; "		
TITLE NAME	MGRM PULWER, MICHAEL				
STREET ADDRESS	1019 5TH STREET		Į.		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		.,		
TITLE NAME					
STREET ADDRESS					
CHY-ST-ZIP			<u> </u>		
TITLE					
NAME STREET ADDRESS				d <u>d</u> e <u>je je komen i podre</u> nom se ob	
CITY-ST-ZIP			Į.	DO NOT WRITE	
TITLE			, ₅ ¢	IN THIS SPACE	
NAME				IN THIS STACE	
STREET ADDRESS CITY-ST-7IP				Makey and was a group of	
TITLE			1		
NAME STREET ADDRESS					

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:

CITY-ST-ZIP

NAME STREET ADDRESS. CITY ST-ZIP

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

1/12/01

Date

489-288-2643

Daytime Phone #