

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000063177

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** N.W. 62 STREET CENTER, L.L.C.

**Current Principal Place of Business:**

1720 EL JOBEAN ROAD  
204  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380129  
MURDOCK, FL 33938

**New Mailing Address:**

**FEI Number:** 20-4134119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAGLE, PETER B  
6701 SUNSET DRIVE #112  
SOUTH MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

JONES, MICHAEL S  
1720 EL JOBEAN ROAD  
SUITE 204  
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: MICHAEL S. JONES

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, MICHAEL S  
Address: 1720 EL JOBEAN ROAD, SUITE 204  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL S. JONES

MGR

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date