


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000005379 1. Entity Name OLD CUTLER, LLC	
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Principal Place of Business 9655 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI, FL 33156	Mailing Address 9655 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI, FL 33156
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07052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1090493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LARKIN, JEREMY S
 9655 SOUTH DIXIE HIGHWAY
 SUITE #200
 MIAMI, FL 33156

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARKIN, JEREMY S 9655 S DIXIE HIGHWAY #200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMIDT, EDWARD L 9655 SOUTH DIXIE HIGHWAY #200 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODSTEIN, H JOSH 9655 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI, FL 33156
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 07/23/07-80007-023 50.00

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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 7/5/07 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE