

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000007700</b> 1. Entity Name NEO VERTIKA MANAGER, LLC	
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**COMPANY:** NVM  
**ACCT #**  
**DATE:** 1/15/07  
**AMNT:** \$50.00 P

Principal Place of Business 1637 SW 8TH ST MIAMI, FL 33155	Mailing Address 1637 SW 8TH ST MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 41-2084535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

GUERRA, FRANK  
 1637 SW 8TH ST  
 MIAMI, FL 33135

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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 May 1, 2007**

400086467274

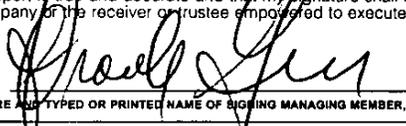
01/29/07--01066--016 \*\*\$0.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEO CONCEPTS, LLC 1637 SW 8TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 07 JAN 30 AM 9:08

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:**       **DATE:** 1/15/07      **DAYTIME PHONE #:** 305-285-1418

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