

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018464

FILED
Feb 28, 2007
Secretary of State

Entity Name: BANDROSEA, LLC

Current Principal Place of Business:

P.O. BOX 331182
MIAMI, FL 33233

New Principal Place of Business:

9401 SW 61ST CT
PINECREST, FL 33156

Current Mailing Address:

P.O. BOX 331182
MIAMI, FL 33233

New Mailing Address:

FEI Number: 16-1669146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FINK, BRIAN L ESQ.
C/O CATLIN, SAXON, TUTTLE, ET AL
167 E. FLAGLER STREET, #1700
MIAMI, FL 331311298 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALEOLOGOS, CONSTANTINE
Address: P.O. BOX 331182
City-St-Zip: MIAMI, FL 33233

Title: MGR () Delete
Name: PALEOLOGOS, NICHOLAS
Address: P.O. BOX 331182
City-St-Zip: MIAMI, FL 33233

Title: MGR () Delete
Name: PALEOLOGOS, CELIA
Address: P.O. BOX 331182
City-St-Zip: MIAMI, FL 33233

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CONSTANTINE PALEOLOGOS MGRM 02/28/2007

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