2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000023657

1. Entity Name
1035 PROPERTY, LLC

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126-2067	5835 BLUE LAGOON DR SUITE 200 MIAMI, FL 33126-2067

DO NOT WRITE IN THIS SPACE

01202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0063786
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUARTE-VIERA, ANIBAL J
5835 BLUE LAGOON DR.
MIAMI, FL 33126

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DUARTE-VIERA, ANIBAL J
STREET ADDRESS	5835 BLUE LAGOON DR SUITE 200
CITY-ST-ZIP	MIAMI, FL 331262067
TITLE	MGR
NAME	GUZZO, JOHN R
STREET ADDRESS	5835 BLUE LAGOON DR., SUITE 200
CITY-ST-ZIP	MIAMI, FL 331262067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/07-80065-015 50.00

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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: John R Guzzo John Guzzo 1-21-07 786-371-8234
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #