


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-17-2007 90008 048 ****50.00

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| DOCUMENT # L05000010316 | |  | |
| 1. Entity Name 835 MICHIGAN, LLC | | | |
| Principal Place of Business 262 MIRACLE MILE CORAL GABLES, FL 33134 | | Mailing Address 262 MIRACLE MILE CORAL GABLES, FL 33134 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 9130 SOUTH DADELAND BLVD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 1804 | |
| City & State | | City & State MIAMI, FL | |
| Zip | Country | Zip | Country |
| 33134 | USA | 33156 | USA |
| 4. FEI Number APPLIED FOR | | 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 | | 7. Name and Address of New Registered Agent | |
| HITE, CATHERINE ESQ. 799 BRICKELL PLAZA 700 MIAMI, FL 33131 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PABLO RENE RUIZ 262 MIRACLE MILE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THE MICHIGAN GROUP, INC. 9401 JOURNEY'S END ROAD CORAL GABLES, FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9130 SOUTH DADELAND BLVD STE 1804 MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 606, Florida Statutes. | | | |
| SIGNATURE: _____ | | Date _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # _____ | |

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