


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90044 024 ****50.00

DOCUMENT # L05000030917

1. Entity Name
7600 PROPERTIES, LLC



Principal Place of Business 7600 WEST 20TH AVENUE 101 HIALEAH, FL 33016 US	Mailing Address 7600 WEST 20TH AVENUE 101 HIALEAH, FL 33016 US
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60040627



2. Principal Place of Business - No P.O. Box # 6500 COWPEN ROAD	3. Mailing Address 6500 COWPEN ROAD
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202

02072007 Chg-LLC CR2E083 (12/06)

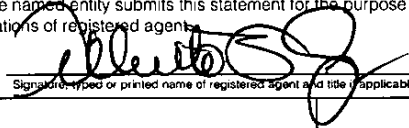
City & State MIAMI LAKES FL	City & State MIAMI LAKES
Zip 33014 Country USA	Zip 33014 Country USA

4. FEI Number 20-2580796	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent AGUIAR, ALBERTO M 7600 WEST 20TH AVENUE 101 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name AGUIAR, ALBERTO M Street Address (P.O. Box Number is Not Acceptable) 6500 COWPEN ROAD 202 City MIAMI LAKES FL Zip Code 33014	
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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.

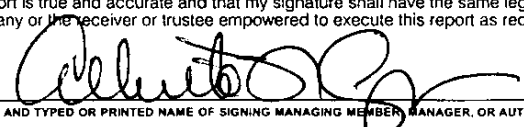
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/23/07**

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 AGUIAR, ALBERTOM 7600 WEST 20TH AVENUE SUITE 101 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGUIAR, ALBERTO M 6500 COWPEN ROAD #202 MIAMI LAKES, FL 33014 <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
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
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

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 **4/23/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #