

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2007 90031 028 ****50.00

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DOCUMENT # L05000059100

1. Entity Name
 9730 INDIGO STREET LLC



Principal Place of Business
 10250 SW 110TH STREET
 MIAMI, FL 33176

Mailing Address
 10250 SW 110TH STREET
 MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #
 9730 E Hibiscus St

3. Mailing Address
 9730 E Hibiscus St

Suite, Apt. #, etc.

City & State
 Miami FL

City & State
 Miami FL

Zip
 33157

Country
 Dade

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 56-2518312

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, CHARLES R
 10250 SW 110TH STREET
 MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name
 Charles Bauer

Street Address (P.O. Box Number is Not Acceptable)
 9730 E Hibiscus St

City
 Miami FL

Zip Code
 33157

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: 4/16/07

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPANOS DEVELOPMENT GROUP LLC 10250 SW 110TH ST MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rapanos Development Group LLC 9730 E Hibiscus St Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 4/16/07 DAYTIME PHONE #: 786-271-3128