2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000077576

1. Entity Name 3990 WEST FLAGLER, LLC



FILED Feb 05, 2007 08:00 AM **Secretary of State**

Principal Place of Business

3970 W. FLAGLER STREET, SUITE 103 MIAMI, FL 33134

Mailing Address

3970 W. FLAGLER STREET, SUITE 103 MIAMI, FL 33134



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01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3617618

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIELE, AIDA E CPA 220 MIRACLE MILE, STE 203 CORAL GABLES, FL 33134

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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.			
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,SIGNA	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		

MGRM TITLE NAME MARIA HERNANDEZ FAMILY GROUP, LTD. STREET ADDRESS 3970 W. FLAGLER STREET, SUITE 103 CITY-ST-ZIP MIAMI, FL 33134 TITLE NAME STREET ADDRESS CiTY-ST-ZiP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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exemptions contained in Chapter 119. Florida Statutes, I further certify that the information tame lengt effect as if made under oath; that I am a managing member or manager of the 11. I hereby certify that the information supplied with this filing does not indicated on this report is true and accurate and that my signature s ware legal effect as if made under oath; that I am a managing mana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE