
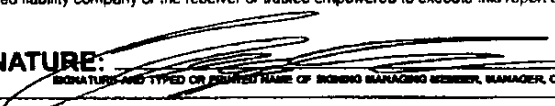


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 May 18, 2007 8:00 am
 Secretary of State

04-25-2007 90031 021 ****50.00

DOCUMENT # L06000008467			
1. Entity Name 9701 WAYNE LLC			
Principal Place of Business 9730 E HIBISCUS STREET MIAMI, FL 33157		Mailing Address 10250 SW 110 ST MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9730 E Hibiscus St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip 33157	Country Del
6. Name and Address of Current Registered Agent RAPANOS DEVELOPMENT GROUP LLC 9730 E HIBISCUS STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) 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	MGR RAPANOS DEVELOPMENT GROUP LLC 9730 E HIBISCUS STREET MIAMI, FL 33157 <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	MGR FRANJO CAPITAL INVESTMENTS LLC 8850 PONCE DE LEON ROAD MIAMI, 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	<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: 4/16/07 86-27-3128 Daytime Phone #	

