


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3/16/2007-90075-050-\$50.00-\$50.00

**FILED**

2007 APR 11 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000011679</b>			
1. Entity Name <b>WILLING L.L.C.</b>			
Principal Place of Business <b>1247 ALTON ROAD MIAMI BEACH, FL 33139</b>		Mailing Address <b>1247 ALTON ROAD MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>2295 Biscayne Blvd Suite #1 Miami, FL 33137</i>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>DIAZ, OSVALDO J 7951 SW 40TH STREET, SUITE 208 MIAMI, FL 33155</b>		4. FEI Number <b>03012007 Chg-LLC CR2E083 (12/06)</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b> 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: _____ <small>NOTE: Registered Agent signature required when reappointing.</small>	
Filing Fee to \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GUERRA, GUILLERMO 1247 ALTON ROAD MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Linette Guerra <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 S. Pointe Dr #80 Miami Beach, FL 33139</b>
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 608, Florida Statutes.			
SIGNATURE: <i>X Linette Guerra</i>		Date: <i>3-2-07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

*AS*