


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90104 011 ***138.75

DOCUMENT # L06000026961					
1. Entity Name NEAT-C PROPERTIES, LLC					
Principal Place of Business 782 LE JEUNE RD SUITE 650 MIAMI, FL 33126			Mailing Address 1395 BRICKELL AVENUE 14TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # <i>5805 Blue Lagoon Dr.</i>		3. Mailing Address <i>5805 Blue Lagoon Dr.</i>			
Suite, Apt. #, etc. <i>Suite 220</i>		Suite, Apt. #, etc. <i>Suite 220</i>			
City & State <i>Miami, Fl.</i>		City & State <i>Miami, Fl.</i>		4. FEI Number 20-4505024	
Zip <i>33126</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>33126</i>		Country <i>USA</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERT ALLEN LAW 1441 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131			Name <i>Fowler White Burnett, P.A.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>1395 Brickell Ave, 14th Floor</i>		
			City <i>Miami</i> FL Zip Code <i>33131</i>		
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		<i>Jeanne Fuentes-Lopez</i>		DATE <i>02/13/08</i>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO 782 LE JEUNE RD, SUITE 650 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO 5805 Blue Lagoon Dr. Suite 220 MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, MIGUEL 1441 BRICKELL AVE, SUITE 1400 MIAMI, FL 33131	<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: *[Signature]* *2/13/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date *2/13/08* Daytime Phone #