


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90147 030 ***138.75

DOCUMENT # L06000059580

1. Entity Name
 1331 PM, LLC.



Principal Place of Business
 9960 S.W. 143 STREET
 MIAMI, FL 33176

Mailing Address
 9960 S.W. 143 STREET
 MIAMI, FL 33176

60010111



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03142008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number **20-5083704** Applied For
 NOT APPLICABLE Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 RODRIGUEZ, MANUEL A
 9960 S.W. 143 STREET
 MIAMI, FL 33176

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: MGR NAME: RODRIGUEZ, MANUEL A STREET ADDRESS: 9960 S.W. 143 STREET CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE: MGR NAME: RODRIGUEZ, PIEDAD P STREET ADDRESS: 9960 S.W. 143 STREET CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE: P NAME: RODRIGUEZ, MANUEL A STREET ADDRESS: 9960 S.W. 143 STREET CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE: VST NAME: RODRIGUEZ, PIEDAD P STREET ADDRESS: 9960 S.W. 143 STREET CITY-ST-ZIP: 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

10. ADDITIONS/CHANGES	
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: MANUEL RODRIGUEZ 3/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #