FILED
Apr 21, 2008 8:00 am
Secretary of State
01-14-2008 90044 016 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L07000091476

1. Entity Name
1952, L.L.C.

30004353

01092008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
3029 N.E. 188TH STREET, UNIT 1020 AVENTURA, FL 33180	3029 N.E. 188TH STREET, UNIT 1020 AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
888 Douglas Rd.	888 Douglas Rd.
Suite, Apt. #, etc. # PH 02	Suite, Apt. #, etc. # PH 02
City & State Coral Gables	City & State Coral Gables
Zip 33134 Country Miami-Dade	Zip 33134 Country Miami-Dade

4. FEI Number 26-0861965 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, RODOLFO J
10200 NW 25TH STREET - 207
MIAMI, FL 33172

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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM REMIEN, RODOLFO G 3029 N.E. 188TH STREET, UNIT 1020 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Remien, Rodolfo G 888 Douglas Rd. # PH02 Coral Gables, FL 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RINCON, FANNY G 3029 N.E. 188TH STREET, UNIT 1020 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Rincon, Fanny G 888 Douglas Rd. # PH02 Coral Gables, Fl 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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], MGRM Rodolfo G. Remien 1/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #