

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90029 001 ***138.75
 02-05-2008 90029 002 *****5.00

DOCUMENT # L07000102846

1. Entity Name
TINY VENTURES, LLC



Principal Place of Business: **1395 BRICKELL AVENUE, 14TH FLOOR-JCS MIAMI, FL 33131**

Mailing Address: **1395 BRICKELL AVENUE, 14TH FLOOR-JCS MIAMI, FL 33131**

30000252



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number: **26-1369583** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
STICKROOT, JOHN C ESQ.
1395 BRICKELL AVENUE, 14TH FLOOR-JCS MIAMI, FL 33131

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.

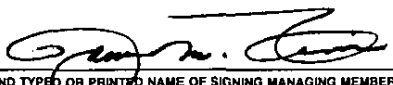
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 FINN, JAMES 2000 S. BAYSHORE DR., COCONUT GROVE MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brett Finn P.O. 360136 SAN JUAN, P.R. 00936-0136	<input type="checkbox"/> Change <input checked="" 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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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:  **1/28/08 787-392-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #