


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90146 012 ****50.00

DOCUMENT # L9400000262

1. Entity Name
 ROTUNDA STRUCTURES, L.C.



Principal Place of Business: 100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLVD. MIAMI, FL 33131

Mailing Address: 100 SOUTH BISCAYNE BLVD. SUITE 1100, ONE BISCAYNE BLVD. MIAMI, FL 33131

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01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number: 65-0506587 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLO, TIBOR
 100 S. BISCAYNE BLVD.
 STE. 4400, ONE BISCAYNE BLVD. *ste 900*
 MIAMI, FL 33131

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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: _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISCAYNE BLVD., STE. 1100
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S BISCAYNE
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	KATZ, LEONARD
STREET ADDRESS	100 S BISCAYNE
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	HOLLO, JEROME
STREET ADDRESS	100 S BISCAYNE
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Leonard Katz* _____ Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

006-6310