

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90311 045 \*\*\*\*50.00



DOCUMENT # M99000000348

1. Entity Name  
**75 Acres, LLC.**

Principal Place of Business  
 260 CRANDON BLVD  
 APT 8  
 KEY BISCAIYNE, FL 33149

Mailing Address  
 P.O. BOX 1373  
 KEY BISCAIYNE, FL 33149

00040026



2. Principal Place of Business - No P.O. Box #  
**1401 Brickell Ave**  
 Suite, Apt. #, etc.  
**320**

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

City & State  
**Miami FL**

Zip  
**33131** Country  
**US**

04062007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 260 CRANDON BLVD #8  
 KEY BISCAIYNE, FL 33149

7. Name and Address of New Registered Agent  
 Name **Marilyn Brookes**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1401 Brickell Ave # 320**  
 City **MIAMI** FL Zip Code **33131**

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 **4/26/07**

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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUMBERGER, HANS 260 CRANDON BLVD #8 KEY BISCAIYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1401 Brickell Ave #320</b> <b>MIAMI, FL 33131</b>
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: DATE **4/26/07** DAYTIME PHONE # **305 3653673**

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