

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016280

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: CIP GROUP OF HOMESTEAD, LLC

**Current Principal Place of Business:**

9350 SOUTH DIXIE HWY  
SUITE 1480  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9350 SOUTH DIXIE HWY  
SUITE 1480  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 20-1091237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESPINO, LUIS A  
201 S. BISCAYNE BLVD  
4TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ESPINO, LUIS A  
806 DOUGLAS ROAD  
580  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: LUIS A. ESPINO

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARCIA, GENARO  
Address: 8603 SOUTH DIXIE HWY, SUITE 208  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: SANCHEZ, ALEJANDRO G  
Address: 9350 SOUTH DIXIE HWY., SUITE # 1480  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEJANDRO G. SANCHEZ

MGR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date