

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 028 \*\*\*\*50.00

<b>DOCUMENT # L04000076218</b>					
<b>1. Entity Name</b> REPENADA EQUITIES, LLC					
<b>Principal Place of Business</b> 19195 MYSTIC POINT DRIVE, UNIT 2202 AVENTURA, FL 33180			<b>Mailing Address</b> 19195 MYSTIC POINT DRIVE, UNIT 2202 AVENTURA, FL 33180		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1759890	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>			
JACOBSON, DALE S 19195 MYSTIC POINT DRIVE, UNIT 2202 AVENTURA, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSON, DALE S 19195 MYSTIC POINT DRIVE, UNIT 2202 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLACK, RENEE L 3000 ISLAND BOULEVARD, UNIT 602 AVENTURA, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, PETER T 7613 JOHN ANDERS ROAD PARKVILLE, MO 64152	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAYLIS, NATALIE 3500 MAGELLAN CIRCLE, UNIT 713 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, PETER T c/o POLLACK 3000 ISLAND BLVD UNIT 602 AVENTURA FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAYLIS, NATALIE 3500 MAGELLAN CIRCLE, UNIT 713 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAYLIS, NATALIE 3500 MAGELLAN CIRCLE, UNIT 713 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAYLIS, NATALIE 3500 MAGELLAN CIRCLE, UNIT 713 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Dale S Jacobson</i> <span style="float: right;">1/8/7 305-933-1198</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					