

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90030 029 \*\*\*\*50.00

<b>DOCUMENT # L06000016069</b> 1. Entity Name <b>VERTIKA UNITS, LLC</b>					
Principal Place of Business <b>5414 PINE TREE DR. MIAMI BEACH, FL 33140</b>			Mailing Address <b>5414 PINE TREE DR. MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business - No P.O. Box # <b>690 S.W. 1st Ct.</b>		3. Mailing Address <b>690 S.W. 1st Ct.</b>			
Suite, Apt. #, etc. <b>PHI-04</b>		Suite, Apt. #, etc. <b>PHI-04</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33130</b>		Country <b>U.S.</b>		4. FEI Number <b>03-0400540</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CAPOTE, NIBALDO J. 5414 PINE TREE DR. MIAMI BEACH, FL 33140</b>			7. Name and Address of New Registered Agent Name <b>CAPOTE, NIBALDO J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4000 PONCE DE LEON, SUITE 400</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33146</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. SIGNATURE <u><i>[Signature]</i></u> DATE <u>1/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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	<b>MANAGER CARLOS CONTRERAS 690 S.W. 1st Ct., PHI-04 MIAMI, FL 33130</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	
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. <b>CARLOS CONTRERAS</b>					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u>			<u>1/20/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		