


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-12-2007 90309 026 \*\*\*\*50.00

<b>DOCUMENT # L99000002270</b> 1. Entity Name <b>SR AMERICA, LLC</b>			
Principal Place of Business <b>7392 NW 25 TERR</b> <b>206</b> <b>MIAMI, FL 33122</b>		Mailing Address <b>7392 NW 25 TERR</b> <b>206</b> <b>MIAMI, FL 33122</b>	
2. Principal Place of Business - No P.O. Box # <b>168 SE 1st ST</b> Suite, Apt. #, etc. <b>601</b> City & State <b>Miami, FL</b> Zip <b>33131</b>		3. Mailing Address <b>168 SE 1st ST</b> Suite, Apt. #, etc. <b>601</b> City & State <b>Miami, FL</b> Zip <b>33131</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>STEIN, JORGE E</b> <b>7392 NW 35 TERR 206</b> <b>MIAMI, FL 33122</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Jorge E. Stein</b> Street Address (P.O. Box Number is Not Acceptable) <b>168 SE 1st ST #601</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
4. FEI Number <b>65-0912841</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>STEIN, JORGE E</b> <b>7392 NW 35 TERR 206</b> <b>MIAMI, FL 33122</b>	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
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
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>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>02/06/07</b> Daytime Phone # _____	