2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023272

1. Entity Name 215 MENORES, LLC

FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2222 PONCE DE LEON BLVD., SUITE 501 CORAL GABLES, FL 33134

2222 PONCE DE LEON BLVD., SUITE 501 CORAL GABLES, FL 33134



03132007No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 01-0811385 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVENUE, 2ND FLOOR CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
NAME - STREET ADDRESS CITY-ST-ZIP	MGR FEENEY REALTY INVESTMENTS, INC 2222 PONCE DE LEON BLVD., SUITE 501 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		04	U00000685453 /09/07-80007-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE
NAME STREET ADDRESS CITY-ST-ZIP	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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.			

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