#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L02000025088**

1. Entity Name

**GRADOS & ASSOCIATES, LLC** 



**FILED** Apr 05, 2007 08:00 Al Secretary of State

Principal	Place -	of Bus	iness

1614 PENNSYLVANIA AVENUE

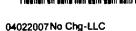
MIAMI BEACH, FL 33139 US (

Mailing Address

C/O SUARZ, CEBALLOS, & ORTIZ

354 SEVILLA AVE.

CORAL GABLES, FL 33134 US



CR2E083 (11/05)

4. FEI Number 06-1649256

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRADOS, LUIS** 

**1614 PENNSYLVANIA AVENUE** 

MIAMI BEACH, FL 33139

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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)

# Filing Fee is \$50.00 Due by May 1, 2007

9.	. ' MANAGING MEMBERS/MANAGERS	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRADOS, LUIS 1614 PENNSYLVANIA AVE., 2F MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALESSANDRI, MICHAEL 1614 PENNSYLVANIA AVE. 2F MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GRADO