


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000024064</b> 1. Entity Name <b>DECMARA, LLC</b>	
---	---

Principal Place of Business <b>370 MINORCA AVENUE 1 CORAL GABLES, FL 33134</b>	Mailing Address <b>370 MINORCA AVENUE 1 CORAL GABLES, FL 33134</b>
---	---

**60040178**



04172007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1282875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CATARINEAU, JOE A ESQ  
7780 SOUTHWEST 117 AVENUE  
SUITE 201  
MIAMI, FL 33183**

**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

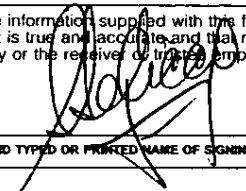
**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DE CICCO, SANDRA P 370 MINORCA AVENUE, SUITE 1 CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARAFIOTI, ROSANA 370 MINORCA AVENUE, SUITE 1 CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*April 18<sup>th</sup>, 2007*  
Date

Daytime Phone #