

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L03000051501	
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Principal Place of Business 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134	Mailing Address 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
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01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1066307	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PADRON, CARLOS E 2 ALHAMBRA PLAZA, SUITE 860 VILA, PADRON & DIAZ, P.A. CORAL GABLES, FL 33134

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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.

9. SIGNATURE (Signature typed in printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

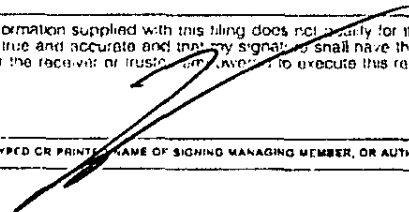
Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
NAME TITLE STREET ADDRESS CITY ST ZIP	MGR FERNANDEZ, MIGUEL B 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134
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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 liability company or the receiver or trustee, or have been authorized 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	Date	Daytime Phone #
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