

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**


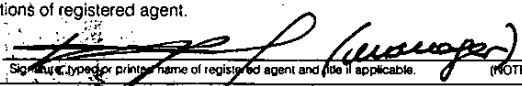

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90321 048 \*\*\*\*50.00

60046809



04262007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000068268</b>			
1. Entity Name 1800 - 3909, LLC		Principal Place of Business 2299 DOUGLAS ROAD, #301 MIAMI, FL 33145	
Mailing Address 1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131		2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		City & State	
City & State		4. FEI Number 20-1635878	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131		7. Name and Address of New Registered Agent DOUGLAS H. DURAN 2200 S. Dixie Hwy. Suite #703 Miami, Fl 33133	
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.		L Zip Code	
SIGNATURE 		DATE 4/27/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	NAME DURAN, DOUGLAS H	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2299 DOUGLAS ROAD, #301	CITY-ST-ZIP MIAMI, FL 33145	NAME	
TITLE MGR <input type="checkbox"/> Delete	NAME CASTILLO, JOHANNA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2299 DOUGLAS ROAD, #301	CITY-ST-ZIP MIAMI, FL 33145	NAME	
TITLE MGR <input type="checkbox"/> Delete	NAME CASTILLO, ALEX	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2299 DOUGLAS ROAD, #301	CITY-ST-ZIP MIAMI, FL 33145	NAME	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE 4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE # (305) 860 8100	