


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000048986</b> 1. Entity Name LDC ACQUISITIONS GROUP, LLC	
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Principal Place of Business 550 BILTMORE WAY, SUITE 110 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY, SUITE 110 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0096570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHECHTER, ROSA E ESQ.  
550 BILTMORE WAY, SUITE 110  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STERN, RODOLFO 550 BILTMORE WAY, SUITE 110 CORAL GABLES, FL 33134
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05/11/07-80050-004 50.00

**DO NOT WRITE  
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Rodolfo Stern** **4/19/07** **(305) 461-2440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #