



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000025088	
1. Entity Name GRADOS & ASSOCIATES, LLC	

Principal Place of Business 1614 PENNSYLVANIA AVENUE 2F MIAMI BEACH, FL 33139 US	Mailing Address C/O SUARZ, CEBALLOS, & ORTIZ 354 SEVILLA AVE. CORAL GABLES, FL 33134 US
--	---

DO NOT WRITE IN THIS SPACE



03192008No Chg-LLC CR2E083 (12/07)

4. FEI Number 06-1649256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRADOS, LUIS
1614 PENNSYLVANIA AVENUE
2F
MIAMI BEACH, FL 33139**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

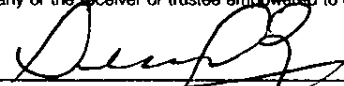
9. MANAGING MEMBERS/MANAGERS

TITLE P	GRADOS, LUIS
NAME	
STREET ADDRESS	1614 PENNSYLVANIA AVE., 2F
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE S	ALESSANDRI, MICHAEL
NAME	
STREET ADDRESS	1614 PENNSYLVANIA AVE. 2F
CITY - ST - ZIP	MIAMI BEACH, FL 33139
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

U000000886047
04/18/08-80039-013 143.75

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:  **LUIS GRADOS** **4.4.08 305 582 7BSO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #