2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L0000000331

1. Entity Name

SCULPTORS OF SPACE, L.L.C.



FILED Feb 07, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

	DRCE DRIVE CH FL 33140	5618 LA GORCE DRIVE MIAMI BEACH FL 33140								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			'	(4411811 811 63) 50 64 111 74111 741	. #4111	1188 4488 4481 111	1031 111 1661	
Suite, Apt. #, etc.		Suile, Apt #, etc.			1	1st MOORE CR2E083 (10/06)				
City & State		City & Stato		4. FEI Nun	4. FEI Number Applied For Not Applicable					
Zip	Country	Zip	Zip Coun		5. Certifica	5. Certificate of Status Desired \$5.00 Additional Fee Required			itional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
GURIAN, JORGE 2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES FL 33134				Street Addross (P.O. Box Number is Not Acceptable)						
				City				Zip Code)	
				,			FL	,		
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 minite of registered agent and bite 4 applicable. (NOTE, Registered Agent signature requires when remistating) DATE										
	Signature, Typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·			**************************************		DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007									į.	
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/CH	IANGES			
TITLE	MGRM	☐ Delele	titu	Ľ	• • •			Change	☐ Addition	
NAME STREET ADDRESS	HALLORAN, LISA 5618 LA GORCE DRIVE		NAM STRI	E I ADDRESS		02/15/07-9002	387 29-025	50.00		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the occiver 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

/30/07 305 867 4442 Date Despure Phone