

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L00000008241**

1. Entity Name  
**FERRELL REAL ESTATE GROUP, L.L.C.**



Principal Place of Business  
**201 SOUTH BISCAYNE BLVD., 34TH FLOOR  
MIAMI, FL 33131**

Mailing Address  
**201 SOUTH BISCAYNE BLVD., 34TH FLOOR  
MIAMI, FL 33131**



03132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br><b>65-1025912</b>                                   | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**FERRELL GROUP CORPORATE SERVICES, LLC  
201 SOUTH BISCAYNE BLVD., 34TH FLOOR  
MIAMI, FL 33131**

**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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>FERRELL, MILTON M JR<br/>201 SOUTH BISCAYNE BOULEVARD 34TH FLOOR<br/>MIAMI, FL 33131</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>DA CASTIGLIONE, MAYRA C<br/>201 S BISCAYNE BLVD, 34TH FLOOR<br/>MIAMI, FL 33131</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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05/14/07-80019-016 55.00

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Mayra C da Castiglione* 4/24/07 305-321-8585