

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L00000014060

1. Entity Name
CAC REAL ESTATE, LLC



Principal Place of Business
**14005 NW 186TH ST
HIALEAH, FL 33018**

Mailing Address
**14005 NW 186TH ST
HIALEAH, FL 33018**



04162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1054324

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DALE, CHARLES S
414 NE 4TH ST
FT LAUDERDALE, FL 33301-1152**

**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)

U00000730244

05/08/07-80072-016 55.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FERNANDEZ, JOSE L
14005 NW 186 ST
HIALEAH, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HALLEY, IGNACIO
14005 NW 186 ST
HIALEAH, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GARFFER, MICHAEL D
14005 NW 186 ST
HIALEAH, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
RIOS, GEORGE E
14005 NW 186 ST
HIALEAH, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

George E Rios

4/16/07

(305)829-0700

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

Date

Daytime Phone #