2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014931

1. Entity Name
7744 COLLINS, L.L.C.

Principal Place of Business	Mailing Address
300 ARAGON AVE., STE. 330 CORAL GABLES, FL 33134	300 ARAGON AVE., STE. 330 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

07022007 No Chg-LLC   CR2E083 (11/05)
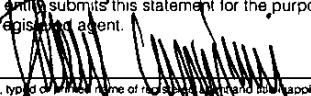
4. FEI Number	Applied For
65-1145534	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORAZZINI, PABLO
~~1865 BRICKELL AVE APT A-1814~~
~~MIAMI, FL 33129~~
300 ARAGON AVE., STE 330
CORAL GABLES, FL 33134

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)
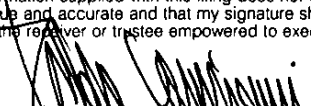
JULY 9, 07
DATE

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	
NAME	CORAZZINI, PABLO	300 ARAGON AVE
STREET ADDRESS	~~1865 BRICKELL AVE. A-1814~~	STE. 330
CITY-ST-ZIP	~~MIAMI, FL 33129~~	CORAL GABLES FL 33134
TITLE	MGRM	
NAME	ROMAGNOLI, MARCO	
STREET ADDRESS	5025 COLLINS AVE. #1501	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	MGRM	
NAME	STARMAC, LLC	
STREET ADDRESS	%760 NW 42ND AVENUE, SUITE 324	
CITY-ST-ZIP	MIAMI, FL 33126	
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

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

JULY 9, 07   305 567 0602
Date   Daytime Phone #