# FILED
# Mar 03, 2008 8:00 am
# Secretary of State

01-25-2008 90085 048 ***138.75

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014931

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

30001014

| Principal Place of Business | Mailing Address |
|---|---|
| 300 ARAGON AVE., STE. 330<br>CORAL GABLES, FL 33134 | 300 ARAGON AVE., STE. 330<br>CORAL GABLES, FL 33134 |

01242008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-1145534
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORAZZINI, PABLO
300 ARAGON AVE STE 330
CORAL GABLES, FL 33134

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | CORAZZINI, PABLO |
| STREET ADDRESS | 300 ARAGON AVE STE 330 |
| CITY-ST-ZIP | 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 | %780 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:** _____ FEB 28 08 3055670602
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #