

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1142459 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GONZALEZ, TRACY  
9737 NORTHWEST 41 STREET  
SUITE 499  
MIAMI, FL 33178

Name Santos, Eduardo  
Street Address (P.O. Box Number is Not Acceptable)  
9737 NW 41 ST #499  
City Miami FL Zip Code 33178

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 Eduardo Santos DATE 4/24/07  
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME GONZALEZ, TRACY  
STREET ADDRESS 9737 NORTHWEST 41 STREET SUITE 499  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☒ Addition  
NAME Eduardo Santos  
STREET ADDRESS 9737 NW 41 ST #499  
CITY-ST-ZIP Miami, FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Eduardo Santos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 4/24/07 Daytime Phone #