

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000001833

1. Entity Name  
CANEM, LLC



Principal Place of Business

740 HARBOR DIVE  
KEY BISCAVNE, FL 33149

Mailing Address

C/O MIGUEL G. FARRA  
1001 BRICKELL AVENUE 9TH FLOOR  
MIAMI, FL 33131



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0591679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL G  
C/O MORRISON BROWN ARGIZ & FARRA LLP  
1001 BRICKELL BAY DRIVE 9TH 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 MGR  
NAME MADDALOZZO, ELIO  
STREET ADDRESS 740 HARBOR DR  
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE MGR  
NAME MADDALOZZO, CORINA  
STREET ADDRESS 740 HARBOR DRIVE  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000757813  
05/23/07-80080-014 50.00

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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

Date

Daytime Phone #