

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002243

FILED
Jan 06, 2004
Secretary of State

Entity Name: NEW DAWN 107, LLC

Current Principal Place of Business:

2601 S BAYSHORE STE 200
COCONUT GROVE, FL 33133

New Principal Place of Business:

2601 S BAYSHORE DRIVE
SUITE #200
COCONUT GROVE, FL 33133

Current Mailing Address:

C/O NEW DAWN COMPANIES
2601 S BAYSHORE STE 200
COCONUT GROVE, FL 33133

New Mailing Address:

C/O NEW DAWN COMPANIES
2601 SOUTH BAYSHORE, SUITE #200
COCONUT GROVE, FL 33133

FEI Number: 02-0546891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, ROBERT M ESQ
FREEMAN, BUTTERMAN, HABER ET AL
520 BRICKELL AVE., STE. O-305
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KAPLAN, JACK
Address: 2601 S BAYSHORE STE 200
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: AVILA, EDUARDO
Address: 2601 S BAYSHORE STE 200
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACK KAPLAN

MGR

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date