

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90051 042 \*\*\*\*50.00

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01192007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L02000012246</b> 1. Entity Name <b>ONE UNITED LLC</b>					
Principal Place of Business <b>601 BRICKELL KEY DR. #604 MIAMI, FL 33131 US</b>			Mailing Address <b>601 BRICKELL KEY DR. #604 MIAMI, FL 33131 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3225 AVIATION AVENUE</b>		3. Mailing Address <b>3225 AVIATION AVE.</b>			
Suite, Apt. #, etc. <b>304</b>		Suite, Apt. #, etc. <b># 304</b>			
City & State <b>COCONUT GROVE, FL.</b>		City & State <b>COCONUT GROVE, FL</b>			
Zip <b>33133</b>		Country <b>USA</b>		Zip <b>33133</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>34-2103105</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>ALVARO CASTILLO B., P.A. 1390 BRICKELL AVENUE 200 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>01/19/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, JOSE LUIS 601 BRICKELL KEY DR. #604 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, JOSE LUIS 3225 AVIATION AVE. SUITE 304 COCONUT GROVE, FL. 33133
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, MARIA E 601 BRICKELL KEY DR. #604 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, MARIA E 601 BRICKELL KEY DR. #604 MIAMI, FL 33131
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, MARIA E 601 BRICKELL KEY DR. #604 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, MARIA E 601 BRICKELL KEY DR. #604 MIAMI, FL 33131
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, MARIA E 601 BRICKELL KEY DR. #604 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, MARIA E 601 BRICKELL KEY DR. #604 MIAMI, FL 33131
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:			01/19/07 305-880-3091		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		