


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000012459		
1. Entity Name SALADA PROPERTIES, L.L.C.		
Principal Place of Business 5500 COLLINS AVE SUITE 402 MIAMI BEACH, FL 33140	Mailing Address 5500 COLLINS AVE SUITE 402 MIAMI BEACH, FL 33140	



01092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0612225	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, GEORGE
 5500 COLLINS AVE
 SUITE 402
 MIAMI BEACH, FL 33140

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINCAK, LAUREN 1550 NORTHVIEW DR MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, GEORGE 5500 COLLINS AVE, SUITE 402 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, TAMMY 5500 COLLINS AVE MIAMI BEACH, FL 33140
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 02/07/07-80062-007 55.00

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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: *George Green* Date: 1/24/07 Daytime Phone #: 305-867-6572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE