
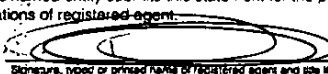



FILED
May 31, 2007 8:00 am
Secretary of State

05-01-2007 90316 037 ***150.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000013514 1. Entity Name DTR OF FLORIDA ASSOCIATES, L.L.C.		
Principal Place of Business DTR OF FLORIDA ASSOCIATES 17624 COLLINS AVENUE SUNNY ISLES, FL 33160		Mailing Address DTR OF FLORIDA ASSOCIATES 17624 COLLINS AVENUE SUNNY ISLES, FL 33160
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Zip	
6. Name and Address of Current Registered Agent ROBERTS, NORMAN T 50 WEST MASHITA DRIVE, SUITE 4 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name RODRIGO MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1094 REDWOOD ST. Hollywood, FL 33019 City FL 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:  RODRIGO MARTINEZ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		DATE: 05/13/07
Filing Fee is \$60.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM NAME MARTINEZ, RODRIGO <input type="checkbox"/> Delete STREET ADDRESS 17624 COLLINS AVENUE CITY-ST-ZIP SUNNY ISLES, FL 33160	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME ANDRIOLA, TIMOTHY STREET ADDRESS 17624 COLLINS AVENUE CITY-ST-ZIP SUNNY ISLES, FL 33160	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  RODRIGO MARTINEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: 05/13/07 (786) 257-4490 <small>Date Daytime Phone #</small>



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **04-3677607** Applied For Not Applicable

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

(SOME AS ABOVE)

