


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L02000013801
 1. Entity Name
CAREY USA PROPERTIES, LLC



Principal Place of Business 848 BRICKELL AVENUE 700 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVENUE 700 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0749360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO & MORENO, P.A.
 TWO ALHAMBRA PINA
 PENTHOUSE 1B
 CORAL GABLES, FL 33134**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ARDID, JOSE 848 BRICKELL AVE STE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP ARDID, INIGO 848 BRICKELL AVE STE 700 MIAMI, FL 33131
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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:  **JOSE ARDID** **4/11/07** **305 377 1001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #