


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000014570					
1. Entity Name US 1 COMMERCIAL REAL ESTATE INVESTMENTS, LLC					
Principal Place of Business 7213 12TH ST. MIAMI, FL 33126			Mailing Address 7213 12TH ST. MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 76-0701214	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JALALL, HASSAN 7213 12TH ST. MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DADE REALTY & MGMT CORP 6705 SW 92 ST MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TAVANA CORP 7215 NW 12 ST MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ZANGENEH, SIAMAK 180 GLADES ROAD BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
10. ADDITIONS/CHANGES					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
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: _____ 03/04/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					