


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L02000016819 1. Entity Name 535 SANTANDER, L.L.C.	
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Principal Place of Business 9404 NW 13 ST., BAY 41 MIAMI, FL 33172	Mailing Address 12973 SW 112 STREET 389 MIAMI, FL 33186-4768
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DO NOT WRITE IN THIS SPACE



03022007No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0788070	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FABRE, ERNESTO A 1343 CASTILE AVENUE CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 reselecting) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

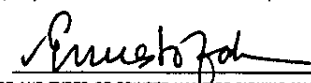
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FABRE, ERNESTO 1343 CASTILE AVE CORAL GABLES, FL 33134
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U00000675037
03/30/07-80002-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **ERNESTO FABRE** ✓ **3.14.07** **305-586-0172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **MGRM** Date Daytime Phone #