


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90050 035 \*\*\*\*50.00

<b>DOCUMENT # L02000017374</b>	
1. Entity Name MS ASSOCIATES, L.L.C.	

Principal Place of Business 2662 NW 97 AVE MIAMI, FL 33172	Mailing Address 9332 NW 48TH DORAL TERR MIAMI, FL 33178
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2. Principal Place of Business - No P.O. Box # <b>2500 NW 79 AVE</b>	3. Mailing Address <b>9332 NW 48TH DORAL TERR</b>
Suite, Apt. #, etc. <b>107</b>	Suite, Apt. #, etc. —
City & State <b>MIAMI - FL</b>	City & State <b>MIAMI - FL</b>
Zip <b>33122</b>	Country <b>USA</b>
Zip <b>33178</b>	Country <b>USA</b>



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>04-3706130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  LOUSTEAU, GUILLERMO 9332 NW 48TH DORAL TERR MIAMI, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Guillermo Lousteau* (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYLVESTER, MARTA 9339 NW 48 TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYLVESTER, MARTA 9332 NW 48 DORAL TERRACE MIAMI - FL - 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUSTEAU HEGUY, GUILLERMO 9339 NW 48 TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUSTEAU HEGUY, GUILLERMO 9332 NW 48 DORAL TERRACE MIAMI - FL - 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Guillermo Lousteau* - GUILLERMO LOUSTEAU 01/23/07 305 877 8496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #