
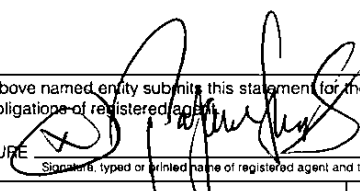
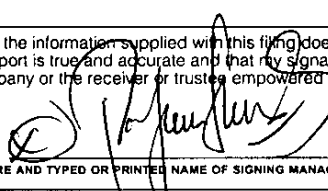


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90037 003 \*\*\*\*55.00

<b>DOCUMENT # L02000019167</b> 1. Entity Name <b>MIAMI ONE, LLC</b>																											
Principal Place of Business <b>10560 SW 160 CT MIAMI, FL 33196</b>		Mailing Address <b>10560 SW 160 CT MIAMI, FL 33196</b>																									
2. Principal Place of Business - No P.O. Box # <b>335 So BISCAYNE BLVD</b>		3. Mailing Address <b>335 So BISCAYNE BLVD</b>																									
Suite, Apt., #, etc. <b>SUITE # 2906</b>		Suite, Apt., #, etc. <b>SUITE # 2906</b>																									
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>																									
Zip <b>33131</b>		Zip <b>33131</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>16-1620806</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196</b>		7. Name and Address of New Registered Agent  Name <b>LUCES RAFAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>335 So. BISCAYNE BLVD</b> <b>SUITE # 2906</b> City <b>MIAMI</b> FL <b>33131</b>																									
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 <b>1-31-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRP</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUCES, RAFAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10560 SW 160TH COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> </table>		TITLE	MGRP	<input type="checkbox"/> Delete	NAME	LUCES, RAFAEL		STREET ADDRESS	10560 SW 160TH COURT		CITY-ST-ZIP	MIAMI, FL 33196		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRP</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LUCES, RAFAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>335 So. BISCAYNE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUITE # 2906 MIAMI, FL 33131</td> <td></td> </tr> </table>		TITLE	MGRP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LUCES, RAFAEL		STREET ADDRESS	335 So. BISCAYNE BLVD		CITY-ST-ZIP	SUITE # 2906 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.																											
<b>SIGNATURE:</b> 		Date <b>1-31-07</b> Daytime Phone # <b>786-556-9952</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											