
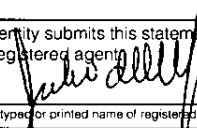
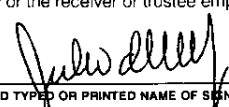


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90345 009 *****55.00

DOCUMENT # L02000020860			
1. Entity Name 151 EAST OKEECHOBEE ROAD, LLC			
Principal Place of Business 2121 PONCE DE LEON BOULEVARD, SUITE 1035 CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BOULEVARD, SUITE 1035 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 6700 NW 12 th St. Suite, Apt. #, etc.		3. Mailing Address 6700 NW 12 th St. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33126		Country USA	
4. FEI Number 36-4513919		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ROBERT W ESQ. 2121 PONCE DE LEON BOULEVARD, SUITE 1035 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Julio del Rey, Jr. Street Address (P.O. Box Number is Not Acceptable): 6700 NW 12 th St. City: Miami FL Zip Code: 33126	
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: _____	
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: MGR NAME: RODRIGUEZ, ROBERT W STREET ADDRESS: 2121 PONCE DE LEON BLVD, 1035 CITY-ST-ZIP: CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE: Julio del Rey, Jr. NAME: Julio del Rey, Jr. STREET ADDRESS: 6700 NW 12 th St. CITY-ST-ZIP: Miami, FL 33126	<input checked="" 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
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
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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
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: 		Date: 4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	