

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90309 004 \*\*\*\*50.00

**DOCUMENT # L02000022072**

1. Entity Name  
**UNIQUE SPEC HOMES, LLC**



Principal Place of Business  
**7392 NW 35 TERR  
STE 206  
MIAMI, FL 33122**

Mailing Address  
**7392 NW 35 TERR  
STE 206  
MIAMI, FL 33122**

**00014367**



2. Principal Place of Business - No P.O. Box #

**168 SE 1<sup>ST</sup> ST**

3. Mailing Address

**168 SE 1<sup>ST</sup> ST**

Suite, Apt. #, etc.

**601**

Suite, Apt. #, etc.

**601**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33131**

Country

Zip

**33131**

Country

01052007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**02-0639799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STEIN, JORGE  
7392 NW 35 TERR #206  
MIAMI, FL 33122**

7. Name and Address of New Registered Agent

Name **Jorge E. Stein**

Street Address (P.O. Box Number is Not Acceptable)  
**168 SE 1<sup>ST</sup> ST Suite 601**

City **Miami, FL**

Zip Code **33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **MGR** ☐ Delete  
NAME **STEIN, JORGE E**  
STREET ADDRESS **7392 NW 35 TERR #206**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **V** ☐ Delete  
NAME **HELCER, ROBERTO**  
STREET ADDRESS **7392 NW 35 TERR #206**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **S** ☐ Delete  
NAME **ABRARPOUR, ABBAS**  
STREET ADDRESS **7392 NW 35 TERR #206**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #