

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022112

FILED
May 01, 2007
Secretary of State

Entity Name: PUNTA DORADA PHASE I, LLC

Current Principal Place of Business:

9220 S.W. 72ND STREET, SUITE 101
MIAMI, FL 33173

New Principal Place of Business:

9240 S.W. 72ND STREET, SUITE 205
MIAMI, FL 33173

Current Mailing Address:

9220 S.W. 72ND STREET, SUITE 101
MIAMI, FL 33173

New Mailing Address:

9240 S.W. 72ND STREET, SUITE 205
MIAMI, FL 33173

FEI Number: 06-1644961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAMOS, HECTOR
13951 SW 66 ST
403A
MIAMI, FL 33183 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AZPURUA, ALBERTO
Address: 8930 WEST FLAGLER
City-St-Zip: MIAMI, FL 33174

Title: MGR () Delete
Name: RAMOS, HECTOR
Address: 9220 S.W. 72ND STREET, SUITE 101
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RAMOS, HECTOR
Address: 9240 S.W. 72ND STREET, SUITE 205
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HECTOR RAMOS

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date