
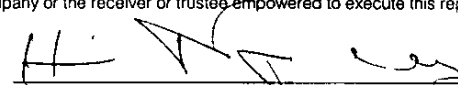


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90033 001 \*\*\*\*50.00

<b>DOCUMENT # L02000028337</b>						
1. Entity Name RODRIGUEZ MIAMI PROPERTIES, LLC						
Principal Place of Business 1133-35 TIFFANY ST. BRONX, NY 10459		Mailing Address 1133-35 TIFFANY ST. BRONX, NY 10459				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01102007 Chg-LLC CR2E083 (12/06) 4. FEI Number <b>03-0489188</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For						
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			7. Name and Address of New Registered Agent			
GIRADO, HERMINIA 7600 NW 68TH. ST. MIAMI, FL 33166			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City	<b>FL</b> Zip Code		
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 _____ <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			10. ADDITIONS/CHANGES			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RODRIGUEZ, HIRAM	NAME				
STREET ADDRESS	1133-35 TIFFANY STREET	STREET ADDRESS				
CITY-ST-ZIP	BRONX, NY 10459	CITY-ST-ZIP				
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DALZELL, STEVEN W	NAME				
STREET ADDRESS	46 CENTER ST.	STREET ADDRESS				
CITY-ST-ZIP	POMPTON LAKES, NJ 07442	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		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.						
<b>SIGNATURE:</b> 		Date	Daytime Phone #			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						