## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILED Jan 18, 2007 08:00 AM Secretary of State

DOCU	MENT	Γ#1	0200	ነበበ.	30381
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1. Entity Name FERSER L.L.C.



Principal Place of Business

Mailing Address

8290 N.W. 66TH STREET MIAMI, FL 33166 8290 N.W. 66TH STREET MIAMI, FL 33166



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3882484

\_\_\_\_\_\_\$:

\$5.00 Additional Fee Regulred

Applied For

Not Applicable

5. Certificate of Status Desired

FREED, OWEN S 2200 MUSEUM TOWER 150 WEST FLAGLER STREET

MIAMI, FL 33130

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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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)  OATE					
Filing Fee is \$50.00 Due by May 1, 2007							
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUARDAZZI, FERNANDO 781 CRANDON BLVD 701 KEY BISCAYNE, FL 33149						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUARDAZZI, SERGIO 1111 CRANDON BLVD 307 KEY BISCAYNE, FL 33149						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE				
TITLE NAME STREET ADDRESS		IN	THIS SPACE				

11. I hereby certify that the information supplied with this faling 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 their 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, OR AUTHORIZED REPRESENTATIVE

12/2007

Date

786 346 8400

Daytime Phone #