

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031564

FILED
Jan 11, 2007
Secretary of State

Entity Name: THE MIAMI TIMES VENTURES, L.L.C.

Current Principal Place of Business:

900 N.W. 54TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

900 N.W. 54TH STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 71-0916188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORRIS-WEEKS, BURNADETTE ESQ
100 SOUTHEAST 6TH STREET
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

REEVES, RACHEL J
900 NW 54 STREET
MIAMI, FL 33127 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: RACHEL J REEVES

01/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REEVES, RACHEL J
Address: 900 NW 54 STREET
City-St-Zip: MIAMI, FL 33127

Title: MGR () Delete
Name: REEVES, GARTH B
Address: 900 NW 54 STREET
City-St-Zip: MIAMI, FL 33127

Title: MGR () Delete
Name: REEVES, GARTH C
Address: 900 NW 54 STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RACHEL J REEVES

MGRM

01/11/2007

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