


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000007498</b><br>1. Entity Name<br>100 ANDALUSIA LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>848 BRICKELL AVENUE STE. 810<br>MIAMI, FL 33131 | Mailing Address<br>848 BRICKELL AVENUE STE. 810<br>MIAMI, FL 33131 |
|--|--|



02202007 No Chg-LLC

CR2E083 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>02-0698178 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>CORPDIRECT AGENTS, INC.<br>515 E. PARK AVE.<br>TALLAHASSEE, FL 32301 |
|---|

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IN THIS SPACE**

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**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LAMAN LUIS<br>808 BRICKELL AVE STE 810<br>MIAMI FL 33131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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03/07/07-80001-022 150.00

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/07