

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026012

Entity Name: 907 WATER VIEW, LLC

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

5151 COLLINS AVE., #725
MIAMI BEACH, FL 33140

New Principal Place of Business:

10185 COLLINS AVE., #807
MIAMI BEACH, FL 33154

Current Mailing Address:

5151 COLLINS AVE., #725
MIAMI BEACH, FL 33140

New Mailing Address:

10185 COLLINS AVE., #807
MIAMI BEACH, FL 33154

FEI Number: 51-0474482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZONI, FERNANDO D
5151 COLLINS AVE., #725
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

MAZZONI, FERNANDO D
10185 COLLINS AVE., #807
MIAMI BEACH, FL 33154 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:

01/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BOBROWSKI, LUIS
Address: 5151 COLLINS AVE., #725
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOBROWSKI, LUIS
Address: 10185 COLLINS AVE., #807
City-St-Zip: MIAMI BEACH, FL 33154

Title: MGR () Change (X) Addition
Name: BLOCH DE BOBROWSKI, SARA
Address: 10185 COLLINS AVE., #807
City-St-Zip: MIAMI BEACH, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBROWSKI LUIS

MGR

01/27/2005

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