2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.03000035608

A III SO

FILED Apr 27, 2007 8:00 am Secretary of State

1. Entity Name PATIO BRISAS, LLC					04-27-2007 90039 042 ****50.00				
Principal Place	e of Business	Mailing Address			ესს 4 ზ ი ი ი ი ი ი ი ი ი ი ი ი ი ი ი ი ი ი				
18851 NE 29TH AVE., #722 AVENTURA, FL 33180		P.O. BOX 611510 NORTH MIAMI, FL 33261-1510			•				
								18 1111 6116 181	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State			4. FEI Numb				plied For t Applicable
Zip	Country	Zip	Countr	у	5. Certificate	e of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ROUSSO, MARK E ESQ 18851 N.E. 29TH AVE., STE. 900 AVENTURA, FL 33180				Name Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	9
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							ke check pa a Departmo	ayable to ent of State	9
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	GROSSKOPF, MANUEL 18851 NE 29TH AVE., #722		NAME	T ADDRESS					
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-S	* 1					
TITLE	MGR	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	FISCHER, WALTER		NAME	-					
STREET ADDRESS CITY-ST-ZIP	18851 NE 29TH AVE., #722			T ADDRESS					
	AVENTURA, FL 33180 MGR		CITY-S	51-414					- Lagran
TITLE NAME	SOTOLONGO, DAISY M	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	18851 NE 29TH AVE., #722			T ADDRESS					
CITY-\$T-ZIP	AVENTURA, FL 33180		CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME	I					
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME ATREET ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP					,
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	- 1				•	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP		a di talangan ang		1	
11. I hereby certify that the information supplied with this filing flow not quality 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 signal are shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the eceiver or trusted improveded to execute this report as required by Chapter 608, Florida Statutes.									

AND PORCE OR PRINTED WAME OF SIGNING MARKET MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #