


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008 08:00 A
Secretary of State

DOCUMENT # L03000039187	
1. Entity Name SAN REMO HOMES, LLC	

Principal Place of Business 10 NW LE JEUNE RD STE 500 MIAMI, FL 33126	Mailing Address 10 NW LE JEUNE RD STE 500 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0745332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
10 NW LE JEUNE RD STE 500
MIAMI, FL 33126

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reconstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

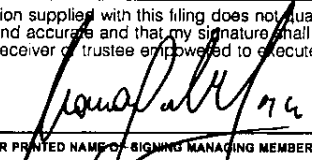
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINURO INVESTMENTS, LLC 10 NW LE JEUNE RD STE 500 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARMAC, LLC 10 NW LE JEUNE RD STE 500 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERICI, LLC 10 NW LE JEUNE RD STE 500 MIAMI, FL 33126
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02/14/08-80035-021 138.75

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 #