## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 26, 2007 8:00 am Secretary of State

DOCUMENT # L03000047245  1. Entity Name ESCARZO CONSTRUCTION DESIGN, LLC  Principal Place of Business Mailing Address					03-26-2007 90306 021 ****50.00			
	WAY SUITE 403	Mailing Address 1801 CORAL WAY SUITE 4 MIAMI, FL 33145	103			<b>-</b>		
2, Principal P	lace of Business - No P.O. Box # , L	3 Mailing Address		اد				
_ \OCC Suite, Apt.	» Costa DeSolbl	Suite, Apt. #, etc.	ta De S	2018	03142007			IVAI NI IVAI
City & State	®\ C:	City & State			4. FEI Numb	Chg-LLC 	CR2E083 (12/06)	plied For
Porc	Country	pora 1,+C	Country		56-241	17693	No	t Applicable
331	8	_331.18.				of Status Desired	\$5.00 Add	
	6. Name and Address of Current R	tegistered Agent	Name		7. Name and	d Address of New Re	gistered Agent :	
ANDRES REYES DE NARVAEZ 1500 BAY RD, STE 1206			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BEA	ACH, FL 33139		$\neg q$	51 3	15 7a-	th Hroat	86.40.20	0
			City (	7951 Ju 79th street suite, 200				
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.   am family ar with, the obligations of registered agent.						and accept		
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								
Fi Di	ling Fee is \$50.00 ue by May 1, 2007						check payable to Department of Stat	9
9.	ue by May 1, 2007  MANAGING MEMBER	S/MANAGERS	10.				Department of Stat	9
Di	ue by May 1, 2007	RS/MANAGERS Delete	10. TITLE NAME	MG		Florida ADDITIONS/0	Department of State  CHANGES  TA Change	Addition
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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 MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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