2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 A
Secretary of State

DOCUMENT # L03000048650

1. Entity Name
1803 MURANO LLC

Principal Place of Business	Mailing Address
1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131	1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0445830

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E
2222 PONCE DE LEON BLVD STE 500
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000829794
02/26/08-80052-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ECKES-CHANTRE, HEIDRUM
STREET ADDRESS	3780 GSTAAD
CITY-ST-ZIP	SWITZERLAND,
TITLE	MGR
NAME	LENSI, ALBERTO
STREET ADDRESS	3780 GSTAAD
CITY-ST-ZIP	SWITZERLAND,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 01/23/08 (305) 442 6472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Alberto Lensi