2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 05, 2007 08:00 Al Secretary of State

1. Entity Nan	IMENT # L03000049 ND PARCEL C LLC	379		Secretary or	Stat
•	ce of Business ELL AVE, STE 810 33131	Mailing Address 848 BRICKELL AVE, STE 810 MIAMI, FL 33131	<u>-</u>		•
<u></u>					
DO NOT WRITE IN THIS SPA			CE	02202007 No Chg-LLC	
			55-0805686 Not Ap 5. Certificate of Status Desired Specificate of Status Desired Required	oplicable nai	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE		
a. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its registere	ed office or registere	ed agent, or both, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE, Registered	d Agent signature réquired	when reinstating) DATE	_
F	iling Fee is \$50.00 tue by May 1, 2007	•• *	term of the	000000654812 03/13/07-80080-003 50.0	0
9. TITLE	MANAGING MEMBER	RS/MANAGERS		-	
NAME STREET ADDRESS CITY+ST-ZIP	LAMAR, LUIS 848 BRICKELL AVE STE 810 MIAMI, FL 33131				
TITLE MAME STREET ADDRESS COTY-ST-ZIP					d
TRILE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
title Name Street Address City-St-Zip				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
title Name Street Address City-St-Zip					
11. I hereby of indicated limited lia	\ \\ \\\\\\		3	in Chapter 119, Florida Statutes. I further certify that the informatic under oath; that I am a managing member or manager oper 603, Florida Statutes. Date Departme Phone 4	nation of the
	The state of the s	MANUAL TO MANUAL CONTROLLE		- Date California a	