

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L03000051501

1. Entity Name  
 ONE ARVIDA, LLC



Principal Place of Business  
 2 ALHAMBRA PLAZA, SUITE 860  
 CORAL GABLES, FL 33134

Mailing Address  
 2 ALHAMBRA PLAZA, SUITE 860  
 CORAL GABLES, FL 33134



01092007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1066307	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

PADRON, CARLOS E  
 2 ALHAMBRA PLAZA, SUITE 860  
 VILA, PADRON & DIAZ, P.A.  
 CORAL GABLES, FL 33134

**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.

9. SIGNATURE (In purple ink or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retaining) DATE

Filing Fee is \$50.00  
 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

NAME	TITLE	STREET ADDRESS	CITY	STATE	ZIP
FERNANDEZ, MIGUEL B	MGR	2 ALHAMBRA PLAZA, SUITE 860	CORAL GABLES	FL	33134

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 IN THIS SPACE**

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 05/02/07-80066-023 50.00

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, or have authority 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 #