

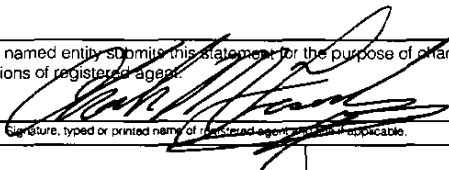
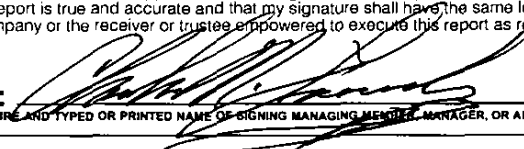


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90114 002 ****50.00

DOCUMENT # L03000053132 1. Entity Name CHARLES M. FERNANDEZ, LLC					
Principal Place of Business 2999 NE 191 STREET, #905 AVENTURA, FL 33180			Mailing Address 2999 NE 191 STREET, #905 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 4400 Biscayne Blvd.		3. Mailing Address 4400 Biscayne Blvd.		<div style="font-size: 24px; font-weight: bold;">60049849</div> 	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900			
City & State Miami, FL		City & State Miami, FL			
Zip 33137		Zip 33137			
Country USA		Country USA		04162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0580756				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 FERNANDEZ, CHARLES M 2999 NE 191 STREET, #905 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Charles M Fernandez Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Blvd. #900 City Miami FL Zip Code 33137		
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 4/27/07 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, CHARLES M 2999 NE 191 ST #905 MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4400 Biscayne Blvd. #900 Miami, FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 4/27/07 Daytime Phone # (305) 977-1975		