

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003152

Entity Name: 7516 & 7528 LAND OWNERS, LLC

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

150 SE 2 AVE, STE 800  
MIAMI, FL 33131

## New Principal Place of Business:

501 BRICKELL KEY DRIVE  
300  
MIAMI, FL 33131

## Current Mailing Address:

150 SE 2 AVE, STE 800  
MIAMI, FL 33131

## New Mailing Address:

501 BRICKELL KEY DRIVE  
300  
MIAMI, FL 33131

FEI Number: 61-1466041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARAHIA, CARLOS  
150 SE 2 AVE, STE 800  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

WELLONS, TERRY  
501 BRICKELL KEY DRIVE  
300  
MIAMI, FL 33131 US

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.

SIGNATURE: TERRY WELLONS

04/19/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: WELLONS, TERRY  
Address: 501 BRICKELL KEY DRIVE, 300  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Change (X) Addition  
Name: HERRERA, GERMAN  
Address: 501 BRICKELL KEY DRIVE, 300  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY WELLONS

MGR

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date