
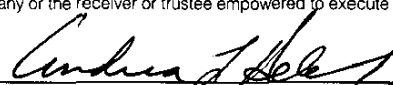


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-08-2007 90114 007 \*\*\*\*50.00

<b>DOCUMENT # L04000015438</b> 1. Entity Name <b>ANDI HOLDINGS, LLC</b>					
Principal Place of Business <b>2999 NE 191 STREET STE 905 AVENTURA, FL 33180</b>			Mailing Address <b>2999 NE 191 STREET STE 905 AVENTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box # <b>4400 Biscayne Blvd.</b>		3. Mailing Address <b>4400 Biscayne Blvd.</b>			
Suite, Apt. #, etc. <b>900</b>		Suite, Apt. #, etc. <b>900</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33137</b>		Zip <b>33137</b>			
Country <b>USA</b>		Country <b>USA</b>		04162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-2757731</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ADAMS, ROY 2999 NE 191 STREET STE 905 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name <b>Roy Adams</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 Biscayne Blvd. #900</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33137</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELLMAN, ANDREA L 201 CRANDON BLVD. #128 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					