2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000018683

1. Entity Name
PROMETHEUS VENTURES LLC

Principal Place of Business	Mailing Address
3634 ROYAL PALM AVE MIAMI, FL 33133	3634 ROYAL PALM AVE MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

03152007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
56-2444610	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, TANIA O
3634 ROYAL PALM AVE
MIAMI, FL 33133

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.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DOMINGUEZ, TANIA O
STREET ADDRESS	3634 ROYAL PALM AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	DOMINGUEZ, CARLOS J
STREET ADDRESS	300 S. POINTE DR., APT. 1603
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000672376
03/28/07-80067-010 50.00

DO NOT WRITE IN THIS SPACE

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: *Tania Dominguez*   3/15/07 305-205-7666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #