

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

05-14-2007 90362 035 ****50.00

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DOCUMENT # L04000029425 1. Entity Name NEW DAWN COOPER CITY, LLC					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE, SUITE 200 COCONUT GROVE, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE, SUITE 200 COCONUT GROVE, FL 33133		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
04232007 Chg-LLC CR2E083 (12/06)					
4. FEI Number <div style="text-align: center; font-size: 1.2em;">32-0115195</div>					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 KAPLAN, JACK 2601 S BAYSHORE DR, #200 COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: center; font-size: 1.2em;">FL</div> Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	MGR KAPLAN, JACK 2601 S BAYSHORE DR, STE 200 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AVILA, EDUARDO 2601 S BAYSHORE DR, STE 200 COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COSTOYA, FRANK 5400 UNIVERSITY DR, #103 DAVIE, FL 33328	<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.					
SIGNATURE <u><i>Jack Kaplan</i></u> JACK KAPLAN 4-23-07 305-857-0400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, RECEIVER OR TRUSTEE OR REPRESENTATIVE</small>					