2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032353

1. Entity Name

ATWOOD PROPERTIES LLC



Principal Place of Business

9155 S DADELAND BLVD

STE 1602 MIAMI, FL 33156 Mailing Address

9155 S DADELAND BLVD

STE 1602

MIAMI, FL 33156

FILED Jan 26, 2007 8:00 am Secretary of State

01-26-2007 90079 005 ****50.00



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1078500

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY ESQ. 9155 S DADELAND BLVD, STE 1602 MIAMI, FL 33156

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 reinstaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGUSAT, MICHAEL 9155 S DADELAND BLVD, STE 1602 MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 'SANZ, JOSEPH A 9155 S DADELAND BLVD, STE 1602 MIAMI, FL 33156		;
TITLE NAME STREET ADDRESS ČITY-ST-ZIP	MGR BUHRMASTER, NORMAN J 9155 S DADELAND BLVD, STE 1602 MIAMI, FL 33156	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2°. "O		Florida Statutes further certify that the information

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 trestee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

NG MEMBER, OR AUTHORIZED REPRESENTATIV

22/07

305-278-8400

Daytime Phone