


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90051 041 \*\*\*\*50.00

<b>DOCUMENT # L04000043212</b>	
1. Entity Name <b>KARPA HOLDINGS, LLC</b>	

Principal Place of Business <b>601 BRICKELL KEY DRIVE 604 MIAMI, FL 33326 US</b>	Mailing Address <b>601 BRICKELL KEY DRIVE 604 MIAMI, FL 33326 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3225 AVIATION AVENUE</b>	3. Mailing Address <b>3225 AVIATION AVENUE</b>
Suite, Apt. #, etc. <b># 304</b>	Suite, Apt. #, etc. <b># 304</b>
City & State <b>COCONUT GROVE, FL.</b>	City & State <b>COCONUT GROVE, FL.</b>
Zip <b>33133</b>	Country <b>USA</b>

**60005534**



01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1227125</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>JOSE, JOSE L MGM 601 BRICKELL KEY DRIVE, SUITE 604 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

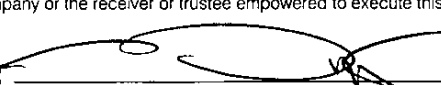
SIGNATURE  DATE **01/19/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 BUENO, JOSE L 601 BRICKELL KEY DRIVE, 604 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUENO, JOSE LUIS 3225 AVIATION AVE, SUITE 304 COCONUT GROVE, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE **01/19/07** Daytime Phone # **305-860-3091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE