


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000047792 |  |
| 1. Entity Name MIAMI CONDOMINIUM #1, LLC | |

| | |
|--|---|
| Principal Place of Business 7570 N.W. 70 STREET MIAMI FL 33166 | Mailing Address 2828 CORAL WAY 300 MIAMI FL 33145 |
|--|---|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E083 (10/05)

4. FEI Number **37-1495000** Applied For Not Applicable

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

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent MARTIN, CHRISTIAN 7570 N.W. 70 STREET MIAMI FL 33166 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL 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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|--------------------------------|--|-----------------|-------------------------|---|--|
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARTIN, CHRISTIAN | NAME | | | |
| STREET ADDRESS | 7570 N.W. 70 STREET | STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33166 | CITY - ST - ZIP | | | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARTIN, KLEBER | NAME | | | |
| STREET ADDRESS | AVE 2ND CALLE 1RA, MAPASINGUE OESTE KM 5 | STREET ADDRESS | | | |
| CITY - ST - ZIP | VIA DAULE, GUAYAQUIL, ECUADOR FL 33166 | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |

U00000559254 Change Addition
 05/17/06-80130-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Christian Martin* **4-26-06** **305-443-9695**

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