

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052253

Entity Name: MIAMI LAKES 202, LLC

FILED  
Mar 12, 2007  
Secretary of State

**Current Principal Place of Business:**

17455 NW 75TH PL NO 202  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

17455 NW 75TH PL NO 202  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE VARONA, SERGIO CPA  
304 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

PADRON, OBDULIA MGR  
3828 HERON RIDGE LANE  
WESTON, FL 33331 US

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.

SIGNATURE: OBDULIA PADRON

03/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOSE L. PADRON ARENC, IBIA  
Address: 17455 NW 75TH PL NO 202  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PADRON, JOSE L MGRM  
Address: 17455 NW 75TH PL NO 202  
City-St-Zip: MIAMI, FL 33015

Title: MGR ( ) Change (X) Addition  
Name: PADRON, OBDULIA MGR  
Address: 3828 HERON RIDGE LANE  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE LUIS PADRON

MGRM

03/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date