


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90032 007 ****50.00

DOCUMENT # L04000052614

1. Entity Name
477 MANAGEMENT, L.L.C.



Principal Place of Business Mailing Address
10556 NW 26 ST **10556 NW 26 ST**
SUITE D-101 **SUITE D-101**
DORAL, FL 33172 **DORAL, FL 33172**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03232007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-1371922 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CABANAS & ASSOCIATES, P.A. 10520 NW 26 ST SUITE C 201 DORAL, FL 33172		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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFETA, CONSTANZA L		NAME		
STREET ADDRESS	10556 NW 26 ST - SUITE D 101		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCATTOLINI, RICARDO		NAME		
STREET ADDRESS	10556 NW 26 STREET, SUITE D101		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	La Roz, MARTA	
STREET ADDRESS			STREET ADDRESS	10556 NW 26 St. - Ste. D101	
CITY-ST-ZIP			CITY-ST-ZIP	DORAL, FL 33172	
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		

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: Ricardo Scattolini Date: 04/11/07 (305) 629 8191

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

Ricardo Scattolini