

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054022

FILED
Jan 25, 2007
Secretary of State

Entity Name: SAN REMO UNIT 103, LLC

Current Principal Place of Business:

9370 LONGMEADOW CIR.
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

9370 LONGMEADOW CIR.
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 20-1361505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROCILLA, GERALD
9370 LONGMEADOW CIR.
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CROCILLA, GERALD
Address: 9370 LONGMEADOW CIR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR () Delete
Name: CROCILLA, SHARON
Address: 9370 LONGMEADOW CIR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR () Delete
Name: HERNANDEZ, KACEY
Address: 151 EAST THIRD STREET
City-St-Zip: NEW YORK, NY 10009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CROCILLA, KACEY A
Address: 151 EAST THIRD STREET
City-St-Zip: NEW YORK, NY 10009

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: GERALD CROCILLA

MGRM

01/25/2007

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