FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90180 012 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069955

1. Entity Name
1177 SOUTH BEACH, LLC

600035439

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE STE. ~~502~~ CORAL GABLES, FL 33134	201 ALHAMBRA CIRCLE STE. ~~502~~ CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State	City & State
Zip / Country	Zip / Country

03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1774877 ☐ Applied For ☐ 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
~~ARVESU & ASSOCIATES PLLC~~ ~~201 ALHAMBRA CIRCLE STE. 502~~ ~~CORAL GABLES, FL 33134~~	Name: Hums Law Firm, PLLC Street Address (P.O. Box Number is Not Acceptable): 2853 Executive Park Drive #201 City: Weston FL Zip Code 33331

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
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 LUS0=SARANO, LUIS E 201 AHAMBRA CIRCLE, STE ~~502~~ MIAMI, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 700	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ-MARGREZ, HILDA C 201 AHRAMBRA CIRCLE, STE ~~502~~ MIAMI, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 700	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: (X) LUIS LUSO SORIANO 3/30/07 336-2550054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #