


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000070355

1. Entity Name
THE DOWNS GROUP, LLC



Principal Place of Business 200 S. BISCAYNE BLVD. SUITE 1150 MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD. SUITE 1150 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1922134	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 September 14, 2007**

**L0000070355
 07/19/07-80012-015 55.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOWNS, CHARLES R JR. 200 S. BISCAYNE BLVD. SUITE 1150 MIAMI, FL 33131
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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:  **07/17/2007 (305)373-3738**

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