


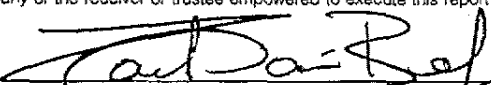


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000081818 1. Entity Name THE RESIDENCES 407-1/408-1, L.L.C.		
Principal Place of Business 1925 BRICKELL AVE APT # D-1511 MIAMI, FL 33129	Mailing Address 1925 BRICKELL AVE APT # D-1511 MIAMI, FL 33129	
DO NOT WRITE IN THIS SPACE		
		01242007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-1876120
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BEHAR, CARLOS D 1925 BRICKELL AVE APT D # 1511 MIAMI, FL 33129		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHAR, CARLOS D 1925 BRICKELL AVE APT D # 1511 MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, GLORIA I 5900 COLLINS AVE # 1503 MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		I/21/2007 305-216-3338 <small>Date Daytime Phone #</small>