


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90030 003 ***138.75

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip -	3. Mailing Address 1627 Brickell Ave Suite, Apt. #, etc. 2503 City & State Miami Zip 33129 Country U.S.A.
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04192008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent BEHAR, CARLOS D 1925 BRICKELL AVE APT D # 1511 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHAR, CARLOS D 1925 BRICKELL AVE APT D # 1511 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMIREZ, GLORIA I 5900 COLLINS AVE # 1503 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carlos Behar 04/24/08 305-216-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/BOARDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #