
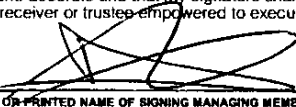


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90030 018 \*\*\*\*50.00

|  |                                      |                     |  |  |  |
|--|--------------------------------------|---------------------|--|--|--|
| <b>DOCUMENT # L04000083906</b><br>1. Entity Name<br>320-330, LLC   |                                      |                     |  |         |  |
| Principal Place of Business<br>555 NE 15TH STREET<br>SUITE 200<br>MIAMI, FL 33132 US   |                                      |                     | Mailing Address<br>555 NE 15TH STREET<br>SUITE 200<br>MIAMI, FL 33132 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |  |  |  |
| City & State   |                                      | City & State        |  | 4. FEI Number<br>20-1903940  |  |
| Zip  | Country                              | Zip                 | Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                      |                     |  | 7. Name and Address of New Registered Agent  |  |
| ROCHETTE, MATHIEU<br>555 NE 15TH STREET<br>SUITE 200<br>MIAMI, FL 33132  |                                      |                     |  | Name   |  |
|  |                                      |                     |  | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|  |                                      |                     |  | City   |  |
|  |                                      |                     |  | FL Zip Code  |  |
| 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 _____  |                                      |                     |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |                                      |                     |  | <b>Make check payable to<br/>Florida Department of State</b>                             |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     |  | 10. ADDITIONS/CHANGES  |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     |  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | CROIZET, ERIC                        |                     |  | NAME   |  |
| STREET ADDRESS   | 1717 N BAYSHORE DRIVE UNIT #3854     |                     |  | STREET ADDRESS   | 555 NE 15th Street, Suite 200  |
| CITY-ST-ZIP  | MIAMI, FL 33132                      |                     |  | CITY-ST-ZIP  | Miami, FL 33132  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     |  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | ROCHETTE, MATHIEU                    |                     |  | NAME   |  |
| STREET ADDRESS   | 1717 N BAYSHORE DRIVE UNIT #3854     |                     |  | STREET ADDRESS   | 555 NE 15th Street, Suite 200  |
| CITY-ST-ZIP  | MIAMI, FL 33132                      |                     |  | CITY-ST-ZIP  | Miami, FL 33132  |
| TITLE  | <input type="checkbox"/> Delete      |                     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                      |                     |  | NAME   |  |
| STREET ADDRESS   |                                      |                     |  | STREET ADDRESS   |  |
| CITY-ST-ZIP  |                                      |                     |  | CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                      |                     |  | NAME   |  |
| STREET ADDRESS   |                                      |                     |  | STREET ADDRESS   |  |
| CITY-ST-ZIP  |                                      |                     |  | CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> Delete      |                     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                      |                     |  | NAME   |  |
| STREET ADDRESS   |                                      |                     |  | STREET ADDRESS   |  |
| CITY-ST-ZIP  |                                      |                     |  | 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 606, Florida Statutes. |                                      |                     |  |  |  |
| <b>SIGNATURE:</b>   |                                      |                     |  | 4-17-07 305-377-3000   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |                     |  | Date Daytime Phone #   |  |