2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Name	DENT # L04000900			~				
Principal Place	of Business	Mailing Address	O W					•
3750 WEST FLAGLER STREET MIAMI, FL 33134		3750 WEST FLAGLER STREET MIAMI, FL 33134						
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0111200	07 Chg-LLC	CR2E08	33 (12/06)	
City & State		City & State		4. FEI Nu 20-1	mber 990606			oplied For of Applicable
Zip	Country	Zip	Country		cate of Status Desired		5.00 Add	
	6. Name and Address of Current I	Registered Agent		7. Name	and Address of New	Registered A	gent	
NICOLAS ESTRELLA JR., P.A. 3750 WEST FLAGLER STREET MIAMI, FL 33134			Name Street Address		imber is Not Acceptab	le)		
			City				Zip Cod	lo.
			City			FL	,	
	named entity submits this statement for ons of registered agent.	r the purpose of changing its	s registered office or	registered agent, o	r both, in the State of H	onda, Tam t	amiliar with,	and accept
	Signature, typed or printed name of registered agent a	and title if applicable (NO	TE: Registered Agent signat.	e required when reinstatin	3)	DATE		
FII	ling Fee is \$50.00 se by May 1, 2007					ke check pa la Departme	ant of Stat	e to the second
9.	MANAGING MEMBE		10.		ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-SI-ZIP	MGR ESTRELLA, NICOLAS 3750 WEST FLAGLER STREET MIAMI, FL 33134	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS		lmana	740000	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	<u> </u>	000000 05/15/07-)7433 <u>90</u> -80107-1	LE Change	- UH 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 of indicated limited liai	certify that the information supplied with on this report is true and accurate and billity company or the receiver of truste the company of	e empower of to execute the	e raport as required	y Chapter 608, Flo	119, Florida Statutes. I oath: that I am a man rida Statutes.	07	y that the inter or manag	formation ger of the