


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000005599 1. Entity Name 1601 NW LANDOWNERS, L.C.	
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Principal Place of Business 18911 COLLINS AVENUE APT 405 SUNNY ISLES, FL 33160	Mailing Address 18911 COLLINS AVENUE APT 405 SUNNY ISLES, FL 33160
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**DO NOT WRITE IN THIS SPACE**



04162007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2185726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS & ORTIZ, P.A.  
 536 BILTMORE WAY  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA LAND INVESTMENTS LIMITED, BVI 18911 COLLINS AVENUE, APT 405 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACALA LLC 18911 COLLINS AVENUE, APT 405 SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM F.C.D INVESTMENTS LLC 18911 COLLINS AVENUE, APT 405 SUNNY ISLES, FL 33160
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U00000759921  
 05/24/07-80061-013 50.00

**DO NOT WRITE IN THIS SPACE**

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:** ANTONIO GASTELBONDO 4/30/2007 305 545 6401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #