


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000006995**

1. Entity Name  
**MURANO 2001 LLC**



Principal Place of Business <b>222 PONCE DE LEON BLVD          #150          CORAL GABLES, FL 33134</b>	Mailing Address <b>222 PONCE DE LEON BLVD          #150          CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



01312008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>20-2270080</b>	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

**LEHRMAN, JEFFREY E  
 2222 PONCE DE LOEN BOULEVARD, STE 500  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

02/26/08-800389-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LENSI, ALBERTO 2222 PONCE DE LEON BLVD # 150 CORAL GABLES, FL 33134</b>
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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:** *Kereee Weissman* **2/12/08 (305)4426472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #