
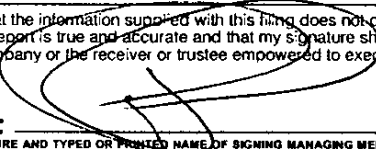


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90169 046 \*\*\*\*55.00

DOCUMENT # L05000008910			
1. Entity Name 8701 SOUTHWEST, LLC			
Principal Place of Business FERNWOOD ROAD #472 KEY BISCAWAYNE, FL 33149 US		Mailing Address FERNWOOD ROAD #472 KEY BISCAWAYNE, FL 33149 US	
2. Principal Place of Business <i>1121 Crandon Blvd.</i>		3. Mailing Address <i>1121 Crandon Blvd</i>	
Suite, Apt. #, etc. <i>Condominium the towers Apt 406</i>		Suite, Apt. #, etc. <i>Condominium the towers Apt 406</i>	
City & State <i>Key Biscayne, FL.</i>		City & State <i>Key Biscayne, FL.</i>	
Zip <i>33149</i>	Country <i>USA</i>	Zip <i>33149</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  INFANTE AND ZUMPANO, P.A. 2801 PONCE DE LEON BLVD. SUITE 1280 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POSE, MANUEL V 3400 CORAL WAY, 5TH FLOOR MIAMI, FL 33145 <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: 		Date: <i>03-08-2006</i> Daytime Phone #: <i>305-4471280</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30002420



03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number *20-2789607* Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required