

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000011286

1. Entity Name
1850 BUILDING, LLC



Principal Place of Business
**168 SOUTHEAST 1ST STREET, SUITE 600
MIAMI, FL 33131**

Mailing Address
**168 SOUTHEAST 1ST STREET, SUITE 600
MIAMI, FL 33131**



02162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1241974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
168 SOUTHEAST FIRST STREET
SUITE 600
MIAMI, FL 33131**

**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 reissuing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROMAN, NORBERTO
STREET ADDRESS	168 SOUTHEAST 1ST STREET, SUITE 600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	CARPDEVILLE, XAVIER
STREET ADDRESS	168 SOUTHEAST 1ST STREET, SUITE 600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000643567
03/02/07-80007-012 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NORBERTO ROMAN

2-19-07

Date

(305) 381-6810

Daytime Phone #