


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90354 015 \*\*\*\*50.00

<b>DOCUMENT # L05000022999</b>	
1. Entity Name <b>TIFFANY ON THE GREEN LLC</b>	

Principal Place of Business <b>18246 COLLINS AVENUE SUNNY ISLES, FL 33160</b>	Mailing Address <b>18246 COLLINS AVENUE SUNNY ISLES, FL 33160</b>
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2. Principal Place of Business - No P.O. Box # <b>Turnberry Plaza</b>	3. Mailing Address <b>Turnberry Plaza</b>
Suite, Apt. #, etc. <b>2875 NE 191st St. #300</b>	Suite, Apt. #, etc. <b>2875 NE 191st St. #300</b>

City & State <b>Aventura, FL</b>	City & State <b>Aventura, FL</b>
Zip <b>33180</b>	Country <b>USA</b>

04122007 Chg-LLC CR2E083 (12/06)

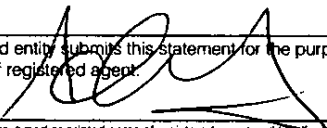
6. Name and Address of Current Registered Agent <b>GLEIZER, HERNAN 18206 COLLINS AVENUE SUNNY ISLES, FL 33160</b>	
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4. FEI Number <b>20-4940259</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>Alejo Chouela</b> Street Address (P.O. Box Number is Not Acceptable) <b>Turnberry Plaza</b> <b>2875 NE 191st St. #300</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>	
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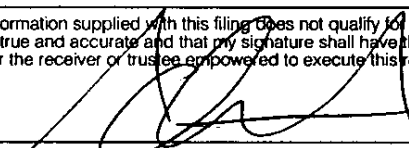
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRAVER, JORGE 18246 COLLINS AVENUE SUNNY ISLES, FL 33160</b> <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: **4-18-2007** DAYTIME PHONE # \_\_\_\_\_