

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025991

Entity Name: 3667 CHARLES, LLC

FILED  
Sep 05, 2007  
Secretary of State

## Current Principal Place of Business:

2665 S. BAYSHORE DRIVE  
SUITE #609  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

2665 S. BAYSHORE DRIVE  
SUITE #609  
COCONUT GROVE, FL 33133

## New Mailing Address:

FEI Number: 05-0619076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

BAHRI, FADI A  
2665 S. BAYSHORE DRIVE  
SUITE #609  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BAHRI, FADI A  
Address: 2665 S. BAYSHORE DRIVE, SUITE #609  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM ( ) Delete  
Name: KASHLAN, CHAHER  
Address: 1541 BRICKELL AVE APT A3202  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FADI BAHRI

MGRM

09/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date