


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000026207</b> 1. Entity Name 753 NE 82 TERRACE, LLC	
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Principal Place of Business 2 GROVE ISLE DR. #1508 COCONUT GROVE, FL 33133 US	Mailing Address 2 GROVE ISLE DR. #1508 COCONUT GROVE, FL 33133 US
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03202007 No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2658978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MINTZ, LAWRENCE 2 GROVE ISLE DRIVE #1508 COCONUT GROVE, FL 33133
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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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	MINTZ, LAWRENCE
STREET ADDRESS	2 GROVE ISLE DRIVE #1508
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	CAMPBELL, MELISSA
STREET ADDRESS	2 GROVE ISLE DRIVE #1508
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	FAMILY PROPERTIES PARTNERSHIP
STREET ADDRESS	2 GROVE ISLE DRIVE #1508
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000676431  
 03/30/07-80058-018 50.00

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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:** *Melissa Campbell* MELISSA CAMPBELL      3/20/07      305.519.8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #