

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030917

Entity Name: 7600 PROPERTIES, LLC

FILED  
Mar 30, 2009  
Secretary of State

**Current Principal Place of Business:**

6500 COWPEN RD  
SUITE 202  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

6500 COWPEN RD  
SUITE 202  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

FEI Number: 20-2580796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGUIAR, ALBERTO M  
6500 COWPEN RD  
SUITE 202  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

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: AGUIAR, ALBERTO M  
Address: 6500 COWPEN RD SUITE 202  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM ( ) Delete  
Name: AGUIAR, OCASIO F  
Address: 6500 COWPEN RD STE 202  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AGUIAR, ALBERTO M  
Address: 6500 COWPEN RD SUITE 202  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGRM (X) Change ( ) Addition  
Name: AGUIAR, OCASIO F  
Address: 6500 COWPEN RD STE 202  
City-St-Zip: HIALEAH, FL 33014

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: ALBERTO M AGUIAR

MGR

03/30/2009

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