

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037126

Entity Name: C. PARK 304 LLC

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

2875 NE 191 STREET, SUITE 300
AVENTURA, FL 33180

New Principal Place of Business:

3300 NE 191 STREET
APT# 304
AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191 STREET, SUITE 300
AVENTURA, FL 33180

New Mailing Address:

3300 NE 191 STREET
APT# 1012
AVENTURA, FL 33180

FEI Number: 20-3000613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARNER, MARIANO
2875 NE 191 STREET, SUITE 300
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

KARNER, MARIANO
3300 NE 191 STREET
APT# 1012
AVENTURA, FL 33180 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:

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: BRAVER, JORGE
Address: 2875 NE 191 STREET, SUITE 300
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: KARNER, MARIANO
Address: 2875 NE 191 STREET, SUITE 300
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: KARNER, MARIANO
Address: 3300 NE 191 STREET, APT# 1012
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIANO KARNER

MGR

04/16/2007

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