2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

						W	/LL U U
DOCUI 1. Entity Nam SW 91, LI				02-05-2007 90200 030 ****55.00			
C/O 1390 BRICKELL AVE. SUITE 200 C/O 1390		Mailing Address C/O 1390 BRICKELL AVE MIAMI, FL 33131	1390 BRICKELL AVE. SUITE 200		ΠΠΠΤΩΤΩΩ		
2 Principal P	Place of Business - No P.Q. Box #	3. Mailing Address					
250 Bird Road		250 Bird Rd		1 E3 E3 1 		KIY BALIN ALBIN KALAN ALANA 1864 QU	38 07 16 10 0 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022007	Chg-LLC	CR2E083 (12/06)	
City & State Coral Golles F1		City & State Cora Gables Fl		4. FEI Numl			
Žin	Country	Zip	Country		e of Status Desired	\$5.00 Add	ot Applicable ditional
33	6. Name and Address of Current	Registered Agent	~ ~ ~ · · · · · · · · · · · · · · · · ·	7	d Address of New F	Fee Require	id
ALVADO (Name	Bruce	Lanchiel	<u> </u>	
ALVARO CASTILLO B., P.A. C/O 1390 BRICKELL AVE. SUITE 200			Street A	ddress (P.O. Box Num	ber is Not Acceptabl	(e)	
MIAMI, FL	53131		ai	30 < 7	Edebad B	otus. Sulta	1001
			City	<u>30 3. D</u>	HOERAD D	FL Zip Cod	le
	e named entity submits this statement to	r he purpase of changing its re	egistered office o	r registered agent, or b	oth, in the State of Fl		33156 and accept
the obligat	tions of registered agent.	V //				_ 1 .	
SIGNATURE	Signature, typed of printed name of registered agent	nd title displicable. (NGTE: I	Registered Agent signat	ture required when reinstating)		2 2 07 DATE	
	Illian Foo la \$50.00		-		Ma	ke check payable to	
D	iling Fee is \$50.00 ue by May 1, 2007					a Department of Stat	э
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE NAME	MGR COUNTRY PINES DEVELOPME	NT CROUP LLC	TITLE NAME	manager	\ -	☐ Change	Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS	Jorge Pind	"2). # "	10	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Corel Gab	les, FI	33146	
TITLE NAME		☐ Delete	TITLE NAME	Gorzalo	Hevia	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	250 Bir		33146	
TITLE		□ Delete	TITLE	Conal Ga	6162 F (Change	Addition
NAME			NAME			_ ,	_
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TITLE	-	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS	1			
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		☐ Delete	TITLE			Change	Addition
NAME			NAME				
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NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	n this filling does not qualify for t	STREET ADDRESS CITY-\$1-ZIP	ontained in Chapter 11	9, Florida Statutes. I	further certify that the inf	ormation
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that the information supplied with d on this report is true and accurate and ability company or tipe receiver or trusted	n this filing does not qualify for t	STREET ADDRESS CITY-SI-ZIP he exemptions of the same legal effe	ect as if made under oa	ith; that I am a mana	further certify that the info	ormation er of the
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	d on this report is true and accurate and	n this filing does not qualify for t	STREET ADDRESS CITY-SI-ZIP he exemptions of the same legal effe	ect as if made under oa	ith; that I am a mana a Statutes.	aging member or manag	er of the
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	d on this report is true and accurate and ability company or the receiver or truster	n this filing does not qualify for t	STREET ADDRESS CITY-S1-ZIP he exemptions cire same legal effet port as required	ect as if made under oa by Chapter 608, Florid	ith; that I am a mana a Statutes.	further certify that the infaging member or manag	er of the