


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90102 001 *****50.00
07-17-2007 90102 002 *****5.00

DOCUMENT # L05000044468 1. Entity Name CYNTHIA LLC	
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Principal Place of Business 671 WASHINGTON AVE MIAMI BEACH, FL 33139	Mailing Address 671 WASHINGTON AVE MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 172-1668409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, CAMILO
671 WASHINGTON AVE
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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: *Camilo Gonzalez* (NOTE: Registered Agent signature required when reinstating.) DATE: 07/02/07

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, GERALD 671 WASHINGTON AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, CAMILO 671 WASHINGTON AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONE, MICHAEL JOHN 671 WASHINGTON AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASACCIO, SALVATORE 671 WASHINGTON AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 688, Florida Statutes.

SIGNATURE: *Camilo Gonzalez* Date: 07/02/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE