

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 FEB 22 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02222007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000051371 1. Entity Name MONTARA LAND V, LLC					
Principal Place of Business P.O. BOX 348021 CORAL GABLES, FL 33234			Mailing Address P.O. BOX 348021 CORAL GABLES, FL 33234		
2. Principal Place of Business - No P.O. Box # 626 SW 4 AVE		3. Mailing Address <div style="text-align: center; font-size: 2em; font-family: cursive;">BK</div>			
Suite, Apt. #, etc. #3		Suite, Apt. #, etc.			
City & State MIAMI FL.		City & State			
Zip 33130		Country USA.		Zip	
Country		4. FEI Number 20-2888478			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A 5835 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUARTE-VIERA, ANIBAL J 5835 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDITH DUARTE-VIERA 5835 BLUE LAGOON DR #200 MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LA CAMPA, GABRIEL P.O. BOX 347863 CORAL GABLES, FL 33234	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. MARGARITA PERDOMO P.O. BOX 347863 CORAL GABLES, FL 33234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	700090086437 03/02/07--01049--017 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____			2/22/07 3054468821		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		